The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR MARCH, 1934

Malignant Diseases of the Ear, Nose and Throat *R. P. Wright, M.D.* 101

How They Won the M.B.E. 105

The First Canadian School of Nursing 107

The Canadian Scene 108

The Editor's Desk 109

Nursing Education and the I.C.N. *Marion Lindeburgh* 110

The Non-Nursed Sick and the Idle Private Duty Nurse *Margaret K. Stack* 113

Common Sense and Public Health *Elizabeth Smellie, C.B.E.* 118

Thistletown 120

Provincial Annual Meetings 121

Book Reviews 123

Correspondence 124

Notes from the National Office 125

News Notes 126

Official Directory 134

Off Duty 142

Subscription Price: **$2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.**

Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR MARCH, 1934

Malignant Diseases of the Ear, Nose and Throat *R. P. Wright, M.D.* 101

How They Won the M.B.E. 105

The First Canadian School of Nursing 107

The Canadian Scene 108

The Editor's Desk 109

Nursing Education and the I.C.N. *Marion Lindeburgh* 110

The Non-Nursed Sick and the Idle Private Duty Nurse *Margaret K. Stack* 113

Common Sense and Public Health *Elizabeth Smellie, C.B.E.* 118

Thistletown 120

Provincial Annual Meetings 121

Book Reviews 123

Correspondence 124

Notes from the National Office 125

News Notes 126

Official Directory 134

Off Duty 142

Subscription Price: **$2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.**

Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

BiSoDoL
IN WINTER DYSPEPSIA

. . . THE tendency to overeat, overindulge and underexercise during Winter is no doubt responsible for a seasonal increase of digestive troubles. Patients who complain of indigestion with sour stomach, "acid mouth" and other familiar symptoms, demand quick relief.

In association with your corrective regimen, may we suggest the use of the balanced, antacid-digestant, BiSoDoL to give quick, safe relief.

The combined action of magnesium carbonate with sodium bicarbonate and bismuth subnitrate affords quick neutralization of excess acid without tending to set up an alkalosis. Antiflatulents and flavorings provide additional aid in combating acid indigestion.

BiSoDoL
in Common *Colds*

When you wish to build "alkali resistance," the balanced formula of BiSoDoL enables you to give massive doses at frequent intervals.

Send FOR SAMPLES
AND LITERATURE.

THE
BISODOL COMPANY
WALKERVILLE, ONTARIO

SAFE

EVEN FOR INFANTS

From infancy to old age, Phillips' Milk of Magnesia may be depended upon as a safe and effective laxative and antacid.

Now . . . for Convenience . . .
Phillips' Milk of Magnesia Tablets

The new tablet form exerts the same therapeutic effects as the liquid. Each tablet represents a teaspoonful of liquid Phillips' Milk of Magnesia. Ideal for use during the day. Delightful flavour.

Doses:—As an antacid for children 7 to 14 years, 1 to 2 tablets; as a mild laxative 2 to 4 tablets.

For adults: 2 to 4 tablets as an antacid; as a mild laxative 4 to 8 tablets.

Samples and literature on request.

PHILLIPS'
Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
WINDSOR, ONTARIO

Selling Agents:
The Wingate Chemical Co. Ltd.
MONTREAL, QUEBEC

LIPPINCOTT BOOKS

1934 STATE BOARD QUESTIONS AND ANSWERS FOR NURSES

The 1934 State Board Questions and Answers for Nurses is ready. This edition was edited and revised by 11 eminent active teachers in important institutions and contains the actual questions asked by state examining boards for nurses. It contains the newer type of questions—enough to make a book. Octavo. 1001 pages. Cloth $3.50.

***Greisheimer's*—PHYSIOLOGY AND ANATOMY**

Octavo. 609 pages.358 illustrations, 22 in colors. Cloth $3.50. By Esther M. Greisheimer, B.S., M.A., Ph.D., M.D., Associate Professor of Physiology, University of Minnesota.

***Emerson's*—ESSENTIALS OF MEDICINE**

Crown octavo. 592 pages. 163 illustrations. Cloth $3.50. By Charles Phillips Emerson, M.D., Professor of Medicine, Indiana University, and Nellie Gates Brown, R.N., Assistant Director, Indiana University Training School for Nurses.

***Cooper's*—NUTRITION IN HEALTH AND DISEASE**

Octavo. 606 pages. 103 illustrations. Cloth $3.50. By Lenna F. Cooper, Edith M. Barber, Helen S. Mitchell.

***Luros'*—ESSENTIALS OF CHEMISTRY**

Octavo. 269 pages. Cloth $3.00. By Gretchen O. Luros, Department of Nursing Education, Cass Technical High School, Detroit, Michigan.

VISIT OUR BOOTH, NUMBER ONE, AT TORONTO BIENNIAL MEETING

J. B. LIPPINCOTT COMPANY 525 CONFEDERATION BUILDING
MONTREAL

LIPPINCOTT BOOKS

Children's Memorial Hospital
MONTREAL, CANADA

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A three months course is offered to Graduate Nurses which includes systematized theoretical instruction and supervised clinical experience in the following services:

General Hygienic Management and Nursing of Children.

Nursing Care and Feeding of Infants.

Nursing Care of Orthopaedic Patients.

Medical Asepsis and Cubicle Technique.

A certificate will be granted upon the successful completion of the course.

Full maintenance and an allowance of $10.00 per month will be provided.

For further particulars apply to:

THE SUPERINTENDENT OF NURSES
CHILDREN'S MEMORIAL HOSPITAL,
Montreal

School for Graduate Nurses
McGILL UNIVERSITY

Director: BERTHA HARMER, R.N., M.A.

COURSES OFFERED

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing

Public Health Nursing

Supervision in Public Health Nursing

A *certificate* is granted upon successful completion of an approved programme of studies, covering a period of *one* academic year, in any of the above courses.

A *diploma* is granted upon successful completion of a major course, covering a period of *two* academic years.

For information apply to:

SCHOOL *for* GRADUATE NURSES
McGill University, Montreal

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXX MONTREAL, QUE., MARCH, 1934 No. 3

MALIGNANT DISEASES OF THE EAR, NOSE AND THROAT

R. P. WRIGHT, M.D., Department of Oto-Laryngology, The Montreal General Hospital.

Broadly speaking, malignant tumours or cancer are made up of cells which differ from the mother tissue from which they originate. The more widely they differ, the greater is their malignancy and the tendency to form metastases. Cancer tumors found in the upper air passages may be primary growths, or they may be secondary, that is metastatic, coming via the blood or lymph streams from elsewhere in the body. The primary are much the more common.

Cancer may be roughly divided into two great classes, carcinoma and sarcoma, but there are a very great number of subdivisions, and this number is being constantly added to by improving methods of technic in the laboratories. Sarcoma is composed of embryonic types of connective tissue which continues to grow independent of the surrounding tissues. It tends to spread by the blood stream. Sarcomata are found in the nose, nasopharynx, larynx, palate, tonsil auditory nerve and the inner, middle and external ears. Carcinoma is a malignant tumour springing from epithelial structures. It has a great tendency to infiltrate, and spreads chiefly by the lymphatics. Flat cell carcinoma is found in the pharynx, larynx, auricle, mouth and frequently at the junction of skin and mucous membrane as the lips. Cylindrical cell carcinoma develops from the mucous membrane and is found in the nasal cavity, sinuses, nasapharynx, larynx and Eustachian tubes. Adeno carcinoma developes from glandular epithelium and is found in the salivary glands and sebaceous glands of the auricle. Epitheliomata of the auricle, the middle ear, mastoid and auditory nerve are not uncommon.

It is impossible to group the symptoms and course of cancer in the upper air passages. Almost every case differs from the other. For instance a cancer of the larynx may begin with only a slight huskiness or tiring of the voice, and show no other symptoms for weeks or months. Another, in practically the same situation, will begin with a troublesome tickling cough, lancinating pain, difficulty in swallowing solid foods, or by expectoration of blood. A tumour of the nose may be unnoticed for many months, or show just a slight obstruction to breathing, while another almost similar case will begin with discomfort, pain, epistaxis and foul discharge.

Carcinoma may attack any portion of the nose or accessory sinuses, the symptoms are most indefinite and it is very difficult to make early diagnosis. Pain is always present late in the disease, and is usually lancinating and severe in character. There is often bleeding, but not so frequently as in sarcoma. Frequently there is a mucopurulent discharge and nasal obstruction, and if there is extension to the eyes, there may be a proptosis, that is a protrusion of the eye. When the tumour breaks down, it usually leaves a deep ragged ulcer with offensive secretion. In sarcoma, the earliest symptom is usually obstruction and nasal discharge; ulceration comes later and gives a very offensive discharge, often blood stained. Pain is less pronounced than in carcinoma. There may be deformity of the external tissues due to pressure of the growth from within, or due to direct extension to the external tissues.

Soft palate carcinoma usually appears late in life. The first symptom is loss of free movement of the palate, then faulty phonation, regurgitation of food through the nose, later ulceration, haemorrhage and laryngeal symptoms. In sarcoma the tumour is irregular and slow in growth. Symptoms are nasal obstruction and faulty phonation; ulceration and pain appear late. Tonsil carcinoma is rather rare, and usually involves the pillars and tongue as well. It rapidly extends to other tissues. The symptoms at first are increased salivation, later purulent, and marked cachexia is early, then painful swallowing. Haemorrhages are frequently noted after ulceration and there are often changes in tone of voice and danger of edema of the glottis during the later stages. Pain fortunately appears early and draws attention, and is increased on swallowing. There is impairment of breathing and speech. I use the term fortunately here, as this alone will sometimes bring the patient to the physician early and therefore give a better opportunity for successful treatment.

Carcinoma of the larynx is quite common and may be intrinsic or extrinsic. As tuberculosis lues and non-malignant growths give rise to similar symptoms the diagnosis is difficult, but always in people over forty years of age who have husky voices (laryngitis) for more than two weeks suspect cancer. Huskiness is the first symptom, then irritating cough, later pain, and when ulceration sets in, fetid odour and rapid emaciation.

Sarcoma of the larynx may occur at any age. First, huskiness rapidly followed by interference with respiration, hacking cough, and offensive secretion. The growth is much more rapid than in carcinoma. At first it is round, smooth, pale in colour, then it rapidly enlarges and breaks down. Pain is more irregular and usually less severe. The pain in extrinsic growths is more pronounced than in the intrinsic cases.

Early cancer can be cured either by surgery, radium, X-ray or diathermy, or with combinations of these means. Late cancer cannot be cured by any means and treatment is merely palliative to relieve pain and prolong life. An early diagnosis is the great essential. Unfortunately, in hospital practice, we find the great majority too late to save them. Surgery is still the best method for cancer attack. In most locations such as lip, tongue and larynx, it is usual to follow the operations with radium or X-ray to endeavour to kill off any possible cancer cells, especially in the gland areas. The surgical treatment of cancers in these parts is always a major operation and is usually very mutilating. Owing to the different locations cancer may spring from, each operation has to be especially thought out. It is now usual after any operation to follow up with either radium or deep X-ray or a combination of both, because it is impossible to say whether or not there are any cancer cells still in the surrounding tissues, particularly in the lymphatics.

Radium is an element which does not exist in nature in a pure state. It constantly gives off rays, some of them very like the rays of X-ray. There are three types of rays, Alpha, Beta and Gamma. For treatment the Alpha rays are not used, and can be easily filtered, that is a sheet of paper is able to stop them. Beta rays are more penetrating and can be largely stopped by 2 m.m. of brass, or its equivalent in other metals. Gamma rays are more penetrating and will pass through 25 c.m. of lead. The Gamma rays are largely used for treating cancer. Radon is a sort of gas or emanation given off from radium when in solution. It is collected and put in small seeds of gold, platinum or glass. It rapidly loses its strength and at the end of six days is valueless. These seeds can be implanted into and around the tumour and left there permanently. Radium salts are used in needles of different strengths and different filters. The needles may be left in the tumour for a few hours to a week or more. Radium tubes contain heavier doses and are used in cavities such as the nose and antrum, usually for twelve to twenty-four hours. Surface radiation is done in the hospital by using radium needles on wax casts, such as the collar. There are many forms of applicators.

Radium is very dangerous. If improperly handled it may cause horrible burns of the soft tissues and acries of the bone. Handling it constantly may bring about an anaemia and changes in the skin. Radium needles or containers should never be handled by the bare hands. Always use long forceps to pick up the needles or seeds and immediately place them in the special lead containers. Likewise in handling the collars, pick them up by the extreme edges to avoid contact with the implanted needles, and it is advisable to wear rubber gloves as well.

In many hospitals where much radium is used, the nursing staff is alternated to avoid prolonged exposure to the rays. Those who work with radium constantly should have blood examinations made at intervals of one to three months to note any approach of anaemia. If a patient happens to have a needle lost in the tissues or swallowed, it must be found and removed, otherwise it will injure or destroy normal tissue; radium burns and ulcers are very slow in healing.

Some tumors are very radio-sensitive, and disappear quickly, others are radio-resistant. Strange to say the radio-sensitive type are usually the most malignant. The dose of radium is estimated by the size and type of tumour, by the amount of radium used, the amount of filter, and the distance from the tumour. For instance, 10 mg. of radium for 10 hours=100 mg. hours, and is the same as 1 mg. of radium for 100 hours=100 mg. hours. Radon is measured in milicuries; the number of milicuries to be used depends upon the size of the tumour as well as upon the type of tumour cell. Before the use of radium or X-ray, careful inquiry regarding previous treatments is necessary in order to avoid burning or over-radiating the tissues and causing radiation burns. It is known that irradiation, either X-ray or radium, has a selective action on the growing cancer cell. The more unlike the cancer cell is to normal tissue the greater is its sensitivity to radiation, therefore, in tumours, it is possible to actually kill the cancer cell without great injury to the normal tissue.

The use of radium produces the following effects:

Nausea and some prostration after large doses for the first one to two days.

Swelling, redness and congestion of the part for twenty-four hours.

Diminution in size of tumour. If sensitive this diminution may be seen twenty-four hours after. If resistant, after three to four weeks.

Skin changes are shown by reddening or early blistering. This is called the erythema dose, and should not be heavier.

Mucous membranes are first congested and then a membrane forms very like diphtheria in appearance.

The treatment for these reactions is by applying soothing oily salves or bland mouth washes.

The X-ray or Roentgen rays are waves of radiant energy, ultra-violet, but made up of different wave lengths. They are not so penetrating as gamma rays, but by concentrating them they can be used for deep-lying tissues better than radium. The dose is measured by the time of exposure and by the milliamperes of current, by the distance used and by filters. Their rays are very similar to radium rays. They will also cause the same local reactions, reddening, blistering of the skin and, in very large doses, burns and ulcerations, and loss of hair, either temporary or permanent.

Endothermy or diathermy is a form of electro-surgery. Electric currents passing through a conductor generate heat; in the cautery the current passes through a wire loop, and makes it white or red hot, and thereby actually burns the tissues with which it comes in contact. In employing the endotherm a high frequency current is passed through cold electrodes applied on the tissue. The heat is generated in the tissue itself by the resistance of the tissues to the current passing from one electrode to the other. The heat is always greatest near the smallest electrode, therefore we use for the small or active electrode a needle or scalpel. The indifferent electrode is block tin or sheet lead, which is usually applied to the patient's back. The flesh around the needle or knife is actually cooked. The searing seals off the vessels except large arteries and therefore the operation is almost a bloodless one, but there is often much sloughing afterwards and healing is slow, usually about four weeks. General anaesthesia is necessary, but ether should not be used due to danger of ignition. Following the operation always examine the skin for burns where the indifferent electrode was placed. Some bland ointment or boric acid should be used if necessary.

Nursing cancer cases is always difficult for you are dealing with a very sick type of patient. They are usually irritable, nervous and frightened. They should be coaxed to take their food, as it is important to keep up the general health. Constipation is the general rule, so the use of laxatives, purgatives and enemas should be intelligently alternated. In cancers of the mouth and throat proper hygiene is essential, frequent mouth washes or irrigations with plain saline solutions relieve pain and discomfort. A thin solution of glycerin and lemon juice swabbed to the tongue and palate removes dry mucous and relieves burning. The teeth are almost always bad and should be frequently cleansed. In nasal or post-nasal cases a few drops of mineral oil allowed to trickle through the nose relieves the irritation. If the patient refuses to eat, due to sore ulcers of the mouth, dropping the food spoonful by spoonful beyond the ulcer is often possible. Bed sores are common in these chronic cases and should be particularly watched for. Sooner or later, in advancing cancer, opiates are necessary but use the coal tar products, with or without codeine, before resorting to morphine.

Where radium has been applied, it is important to carefully note the time it is applied and taken off, as the dosage is estimated by the time, and a half-hour, one way or the other, with a heavy dose of radium would make a great difference in the result. Patients undergoing radium treatment are fluid-deficient, and have a tendency to acidity; forcing fluids is therefore essential, especially alkalines such as small quantities of soda bicarbonate or citric acid fruit juice. As nausea and vomiting may be caused by radium and heavy X-ray treatments, the treatments should be preceded by laxatives, and a light nutritious diet, and by taking small doses of soda bicarbonate or a glass of lemonade. The skin after treatment by either radium or X-ray should be carefully protected. If swollen, boric acid dressings will relieve. Hot water bottles, iodine or other irritants are contra-indicated. After treatments the patient should be induced to sleep, and to take as much liquid nourishment and water as possible.

HOW THEY WON THE M.B.E.

In a previous issue of the *Journal* we promised to give more information concerning the work of some of the nurses, included in the New Year Honours list, with whom we could not get into touch before the February issue went to press. This month it is a pleasure to be able to do so.

Miss Nancy Dunn, M.B.E., is a graduate of the School of Nursing of the Hamilton General Hospital and took a postgraduate course in public health nursing in the University of British Columbia. She was attached to the Queen Alexandra Imperial Nursing Service during the war and was gassed during an air raid. After a varied professional experience she was appointed provincial public health nurse in Sunset Prairie, British Columbia. Miss Dunn has been kind enough to allow the *Journal* to publish the following vivid description of her daily round.

Miss Dunn on her rounds

Public Health In Sunset Prairie

The women's institutes asked the Provincial Government to establish the nursing service. I have eleven districts with an area of approximately two hundred square miles. One district, Lone Prairie, is isolated twenty-six miles west of Pine River, which is very difficult to cross both in summer and winter. Each district has a school which I visit every month if possible. I make home visits and assist the medical officer of health when he examines not only the school children, but also the pre-school age group and infants. These examinations take the form of a family clinic which the parents attend. There is a heavy percentage of goitre cases and it may be necessary to organize central clinics for this purpose.

The women's institutes are very active and I am giving two series of home nursing classes and help the doctors with a summer baby clinic. We have three excellent hospitals and a Red Cross Outpost and therefore encourage all maternity cases to go to them. However, I was called to an emergency case last winter in one of the worst storms I have ever experienced. It was forty below zero, and we played out two teams of horses getting there. Just as I delivered the baby, we found that the ceiling was in flames. Luckily the woman who was helping me kept her head, but it was a bad moment, for the homes are all logs and go in a few minutes.

My Red Cross cutter and old Ford car take the road in all weathers. My saddle horse is twenty-one years old and is called "Two bits", because he was won on a twenty-five cent raffle ticket by a local school teacher who loaned him to me. Life here is very hard for the women. They have had two bad years, one of drought and one of hail and snow storms which

Miss Dunn's Red Cross cutter

(See *The Canadian Nurse*, January, 1934, p. 53.)

got the crop before the harvest—a serious condition where feed is short at the best of times.

Public Health on the Tobique

In the absence of Mrs. Edna Gaunce Ross, M.B.E., on a professional errand, the president of the Red Cross Society of Riley Brook was kind enough to give the following information concerning her career:

Mrs. Ross is a native of Riley Brook, N. B., and received her education in Fredericton. She is a graduate of the School of Nursing of the Massachusetts General Hospital and practised for a few years as a private duty nurse. In April, 1923, after some experience in the Tobique district with other public health nurses, she was appointed by the Red Cross Society as public health nurse. When she came on duty both weather and roads were terrible. A shovel in a sleigh was as necessary as the horse. Doctors could not get to maternity cases in time but Mrs. Ross brought them through. There were no deaths. She had to visit eight schools and she got the teachers interested in their own health as well as in that of the children. She would snowshoe, go in a canoe, or any old way, *but she got there*. One day, while with a sick child, she was called to another home. The little French Canadian mare soon got her there, to find a boy of six, who had been playing with dynamite cartridges, and had blown his hand to pieces. She stopped the bleeding, pacified the family, and got the boy to a doctor at Plaster Rock. He told her to take the boy on to Grand Falls Hospital. After a lot of red tape they managed to get the midnight freight train to allow a woman to get on it and reached the hospital at 3 a.m. After only four hours of rest she had to take the down express back to look after her other patients.

Mrs. Ross has cleaned up skin diseases in the schools and has seen that the children's teeth are looked over and repaired. Her care of the mothers and babies is wonderful. She teaches them all through the nine months. This is a hurried sketch and I can find no photograph of Mrs. Ross except as one of a jolly group. She shares all the troubles and joys of the district and is sometimes the only one to give any comfort.

The Lamp Still Burns

If during recent years we have sometimes feared that the lamp lighted in Scutari might be burning low, we may take fresh courage from records such as these. The Order of the British Empire may well be proud of these new members who have so amply justified their admission to that distinguished company.

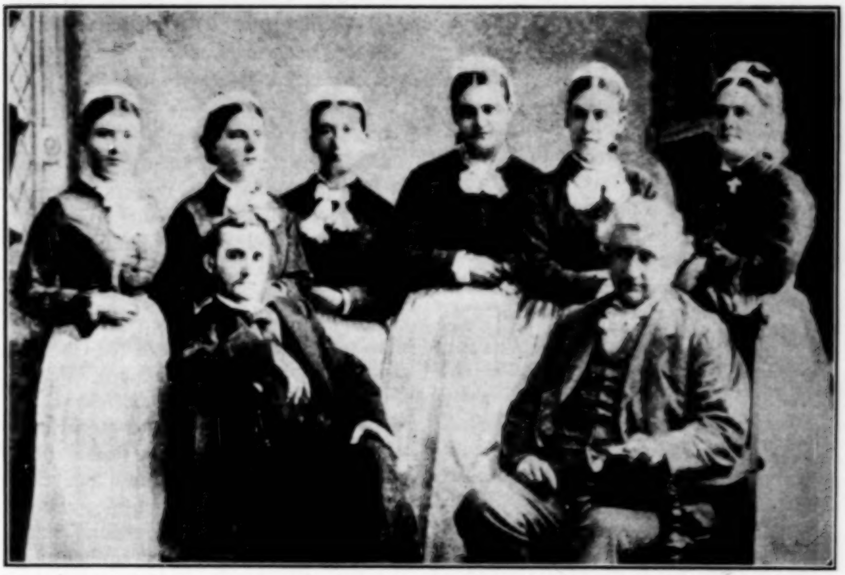
FRAUDULENT AGENTS

Fraudulent agents are soliciting subscriptions for *The Canadian Nurse* in several parts of Canada and especially in the Province of Quebec. Please help us to check this abuse by refusing to pay cash to any agent, or to make out checks payable to him. Never allow canvassing for subscriptions among any nursing group unless you are willing to be personally responsible for the canvasser. Never give lists of names and addresses to unauthorized persons. Remember that *The Canadian Nurse* has, at present, no paid agents.

THE FIRST CANADIAN SCHOOL OF NURSING

It was our privilege not long ago to visit the first school of nursing in Canada. Even in the depth of winter the landscape round about Saint Catharines has a charm all its own. In spring and early summer this Garden of Ontario must be exquisite indeed.

In June, the Mack Training School, which is associated with the General Hospital of Saint Catharines, will be sixty years young, an event which it proposes to celebrate in a manner worthy of the occasion. It is expected that Dr. F. S. Greenwood, who is a member of the group shown in the accompanying illustration, will take part in the ceremonies. In him, nursing has a living link with the past which is probably unique in the Dominion. The Alumnae Association of the school of nursing is collecting historical data and would be grateful for any information which bears on the early history of Dr. Mack or of the institution itself. Letters may be addressed to Miss Helen Brown at the hospital.



From a photograph, taken in 1878, of the nursing staff of the Mack Training School associated with the General and Marine Hospital of Saint Catharines, Ontario. From left to right, the names of nurses are: Mary Ross, Annie Carline, Hannah Dalby, Emma Linke, Mary Scott, Mrs. Florence Wilton. Mrs. Wilton was the superintendent. Miss Dalby was one of the first students to graduate from the first school of nursing in Canada. Dr. Theophilus Mack, the founder of the school is seated at the right. At the left is Dr. F. S. Greenwood to whom reference is made above.

THE CANADIAN SCENE

The editorial which appeared under the above caption in the February issue of the *Journal* had as its text the following quotation from the report of the American Committee on the Costs of Medical Care: *Meanwhile, in so far as the great mass of the population is concerned, the need, as distinct from the effective demand for nursing service, goes unmet and will continue to do so until some system of distribution of nursing costs can be devised which will bridge the economic gap between patient and nurse.*

Last month we stated our intention of setting down, by way of penance, some instances in which the public has weighed nursing service in the balance and has found it to be wanting.

What the Public Thinks

1. Nursing service ought to be readily available for every type of illness. In practice this is not the case. Some nurses discriminate against nursing certain types of cases, such as obstetrical, mental and nervous and infectious.

2. Nursing service ought to be available at any time of the day or night. Some nurses discriminate against night duty. Service ought to be available at any time of the year and especially on holidays. It is not always readily procurable at these times.

3. The public is confused by the multiplicity of hospitals, nursing agencies, and registries, and in case of illness does not always know where to obtain the type of nursing service desired. A central bureau is needed where reliable advice and assistance could be obtained without delay.

4. Nursing service ought to be available in the country as well as in the city. It is difficult to get nurses to go to the rural districts.

5. The presence of a nurse in a home sometimes adds to the domestic dislocation which is incidental to illness instead of ameliorating it.

6. Nursing care in hospitals is frequently hurried and impersonal. The nurses work like machines and have little real interest in their patients as people.

7. Public health and visiting nurses do not always understand nor readily adjust themselves to family and social situations.

8. Continuous nursing care is, in some cases, necessary if the patient's life is to be saved. The cost of that care is prohibitive to approximately half the population.

Are We to Blame?

Here is the indictment. To what extent are nurses themselves guilty? Before we make any attempt to answer that question in these pages, our readers are given an opportunity of reading a thought-provoking article which appears in this issue of the *Journal* entitled "The Non-Nursed Sick and the Idle Private Duty Nurse" by Miss Margaret K. Stack, R.N., executive secretary of the Connecticut State Nurses Association. We are indebted to *The American Journal of Nursing* and to Miss Stack herself for the privilege of reprinting this article, which will reward careful and analytical perusal. Miss Stack describes conditions as they exist in the New England States and suggests remedies which, in her judgment, might be appropriate in that locality. Does her forthright statement of the case apply in Canada? In the April issue of the *Journal* we propose to state our case for the defence and, when preparing our brief, we shall make use of much which appears to be pertinent in Miss Stack's presentation of our common problem.

(*To be continued*)

(This is the fourth of a series of editorials dealing with nursing conditions in Canada.)

THE EDITOR'S DESK

Caveat emptor

In case, like the editor, you have small Latin and less Greek, this phrase means that one should not sign on the dotted line without taking ordinary business precautions. Warnings have been published in the *Journal* from time to time against fraudulent agents but in spite of this fact, nurses in all parts of the country continue to be victimized by these glib individuals. We have circularized every hospital and every nursing association in Canada in the hope that the activities of these pests may be curtailed. We now once more recommend that the following precautions be taken when subscribing to the *Journal* through any agency whatsoever:

1. Never pay cash or make out a cheque payable to any agent. All cheques or money orders should be made payable to *The Canadian Nurse* or to a reputable news agency, known to you, of which the agent has proven himself to be the accredited representative.

2. Please do not allow canvassing for subscriptions in your institution unless the canvasser is a registered nurse known to you personally or he or she can give you written proof of being employed by a reputable magazine agency which has authorized him or her to solicit on their behalf.

3. At present *The Canadian Nurse* employs no paid representatives. Should this policy change, due notice will be given in the *Journal*, and such representatives will be furnished with identification in the form of a letter signed by the editor. Up to the present time no such letters have been given to any agent.

4. Secretaries of all nursing organizations and registrars are requested not to give lists of names and addresses to any agent until they have been assured by the editor of the *Journal* that he or she is authorized to request such information.

5. If you have already subscribed through an agent and have failed to receive the *Journal*, kindly notify us at once.

Traps for the Unwary

While dealing with the gloomy subject of human guile and duplicity, reference will be made to a letter received recently from Miss Helen Randal, registrar of the Graduate Nurses Association of British Columbia, which gives warning concerning yet another pitfall. Miss Randal writes as follows:

> One of our nurses had a rather disagreeable experience after she had answered an advertisement for a nurse-housekeeper or something of that sort, and the Council instructs me to write and ask if you could print a warning to nurses in this connection. Times being as difficult as they are today, nurses snatch at any chance and while I think a nurse who has had her training, and has cut her wisdom teeth, ought to be able to take care of herself, still a word in the magazine might help.

Under no circumstances should young nurses accept positions in remote settlements until they have made enquiries from a reliable person such as the local teacher or public health nurse. In the city, it should not be difficult for any sensible young woman to avoid an undesirable social situation by taking the precautions which common sense indicates to be appropriate in the circumstances. It is all very well to be as harmless as a dove, but we have the authority of Holy Writ in suggesting that the wisdom of the serpent must be discreetly exercised occasionally.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

NURSING EDUCATION AND THE I.C.N

MARION LINDEBURGH, Assistant Director, School for Graduate Nurses, McGill University, Montreal.

Recent surveys and studies have exposed many defects and weaknesses in the organization and function of nursing education. Findings have been sufficiently objective to convince nursing leaders that certain adjustments should be made as soon as possible if nursing education is to meet the growing demands for efficient community service. In summary, these adjustments may be considered under the following headings:

Adequate facilities for nursing education. This means the improvement of recognized nursing schools, and the elimination of those which cannot meet sound educational standards.

Intelligent students, selected on a basis of recognized academic, personality and aptitude standards.

Properly qualified nursing school faculties.

An approved professional curriculum, affording adequate experience in classroom and clinical fields, and with sufficient community contact to ensure a proper balance of the curative, preventive and health aspects in a well integrated educational programme.

It was evident that the above outlined problems have become a conscious responsibility, to a greater or lesser degree, in the national associations affiliated with the International Council of Nurses. Some countries have accomplished much along certain lines while others indicate progress along others. Difficulties which seem to be real obstacles to progress in some countries, appear to present no particular problem in others. Nursing school inspection is gradually being introduced, and established upon a sounder educational basis. Papers on its development in several countries were presented by Miss Eldredge of the United States; Miss Mackie of New Zealand; Miss Nordendahl of Sweden; Mlle de Joannis of France; Miss Beatrice Ellis of Canada and Miss Durchman of Finland.

The Committee on the Grading of Schools of Nursing in the United States is an outstanding project in this connection, revealing in its findings, facts relating to educational facilities, students and graduates. The particular value of such an analysis is in the provision of data as a basis for reconstruction.

The Canadian Nurses Association reported, as one of its major activities, an outstanding educational objective, namely, "To make effective the Survey of Nursing Education in Canada." The organization of provincial machinery for putting recommendations into effect was clearly outlined: firstly, through the agency of a National Joint Study Committee with its subsidiary provincial joint study committees, and secondly, through the agency of a central curriculum committee appointed under the national nursing education section, with its corresponding provincial groups.

Attempts are being made to improve the quality of nursing education in all countries. The minimum of nursing theory in relation to practice, which characterizes many curricula is being recognized as one of the greatest weaknesses in the programme. It has resulted in nurses leaving their schools practised only in the skills directly related to hospital nursing and so poorly equipped in knowledge and understanding of nursing principles that they fail, in large measure, to adjust to nursing service as required in the home and community.

Several countries reported progress in the development of postgraduate study through which teachers may be better prepared to interpret the undergraduate course in schools of nursing. Miss Isabel Stewart, professor of nursing education in Teachers College, Columbia University, emphasized the need of qualified teaching personnel in schools of nursing, both in the classroom and clinical fields. She outlined the functions of a nursing school faculty as follows:

> Organization and administration of nursing service.
>
> Planning the educational programme.
>
> Management of personnel.
>
> Educational improvement and advancement of faculty members.

Practically every national report made some mention of the efforts being made to improve the quality of students, through higher admission standards. The Danish Council of Nurses owns a preliminary school for prospective student nurses, in which are combined the educational opportunities of a People's High School and a preliminary school for nurses. The courses offered include cultural and technical subjects as well as anatomy, physiology, hygiene and public health. Such a plan, controlled by the Nursing Council of Denmark, is a forceful factor in securing a definite and uniform standard of preliminary education for prospective students.

Intelligence and aptitude tests as applied to student selection are a relatively new development in nursing education. Papers were presented by Miss Potts, of Teachers College; Miss Rogers of Montreal; Dr. Stein of Vienna and others. The objectives of such tests could be summarized as:

> To supply definite scientific information regarding the individual student as an aid in selection.
>
> As an aid in meeting the individual needs of students, during the course of instruction.

It is obvious that when schools of nursing use more scientific methods in the selection of students, fewer will be dismissed at the end of the probation period, which will result in a saving of expense to the hospital, a saving of time and energy of the teaching staff, and last but not least, less humiliation and disappointment on the part of the students themselves.

The organization of a preliminary course was presented by Miss Gullan Sister Tutor, St. Thomas's Hospital, London, who stated that in Great Britain the object of the preliminary training school was to provide elementary professional instruction to candidates who have been accepted subject to their ability to pass the preliminary examination tests (as set by the General Nursing Council of England and Wales) at the end of the preliminary course. In our Canadian schools, a preliminary period or term of probation has always been a part of the curriculum, but examinations at the end of that period are set and controlled by each nursing school. It would seem that the plan adopted in Great Britain, through which all students are subjected to the same examination, set and controlled by the General Nursing Council, is a much more efficient means of securing uniform standards.

The place of mental hygiene in nursing education and service was ably presented by Miss Effie Taylor, of Yale University School of Nursing. Miss Carlsson, of Stockholm, dealt with the place of such instruction in the basic course. The standing committee on mental nursing and hygiene of the I.C.N. presented the following recommendations:

> That all general hospital schools of nursing include in the basic course of instruction the principles of mental nursing and hygiene.
>
> That instruction in mental hygiene begin in the preliminary course, and as far as possible be woven into the courses concerned with the principles and practice of nursing and the biological and social sciences.
>
> When teaching the care of the sick patient that the individual, in his entirety, be taken into consideration, and the mental, social and physical conditions be considered in their relation to each other.
>
> In order to promote this kind of instruction,

aculty of Pu a of the
University o rn Ontario
LONDON - CANADA

instructors and head-nurses be encouraged to prepare themselves to give this point of view.

The inclusion of public health in the basic course was a topic in which much interest was shown. It is the opinion of the large majority of nursing leaders that such instruction should be the responsibility of the undergraduate school, rather than considered in terms of specialization after graduation. The standing committee on public health nursing recommended that careful study be made of the preparation of the public health nurse by incorporating the preventive and social aspects of public health in the basic curriculum.

This report would be incomplete if special reference were not made to a section meeting dealing with new developments in nursing. Miss Laura Logan presented a paper on "Research work in nursing technique" and Dr. de la Rivière, Institut Pasteur, Paris, spoke on "Scientific principles and their application to nursing." The speakers emphasized the importance of nursing techniques being based upon scientific principles. If nursing is to be classed with other professions, as an art and a science, the latter must underlie and govern the former. Nursing schools have a strong and persistent tendency to continue in the practice of techniques which have always characterized their nursing procedures and to accept them without question because "it has always been so." However, this static situation is gradually being offset through research. Techniques are being subjected to scientific analysis and, through a careful study of underlying principles, nursing procedures are taking new form. Several demonstrations of nursing techniques were provided during the course of the programme. The comments and criticisms offered definitely indicated that there is a growing analytic attitude towards traditional techniques. Such an approach will lead to the revision of nursing techniques and point the way to more scientific and better nursing.

WHEN TORONTO WAS YOUNG.

OLD FORT YORK. BUILT 1793. RECONSTRUCTED IN 1933. TO BE RE-OPENED MAY 24, 1934.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

THE NON-NURSED SICK AND THE IDLE PRIVATE DUTY NURSE

MARGARET K. STACK, R.N., Executive Secretary, The Connecticut State Nurses Association, Hartford, Conn., U.S.A.

While economic conditions of the past few years have contributed to the unemployment of private duty nurses, there are other factors which cannot be overlooked. I will state them briefly, and then discuss them:

1. The increase in the number of hospitals and the number of hospital beds.
2. The increase in the number of training schools for nurses, the increase in the number of student nurses, and the corresponding increase in the number of nurses graduated yearly.
3. The obsolete methods which are used by private duty nurses to make their services available.
4. The inability of a large proportion of the public to meet the expense of registered nurse care.
5. The gradual encroachment and increase in numbers of the untrained, unclassified, unregulated persons who call themselves nurses, into the registered nurse's field.

It is apparent that the field of the private duty nurse is being reduced by the increase in the number of hospital beds, the increase in the number who use the hospitals, and the increase in the number of public health nursing associations.

A second factor that has contributed to the unemployment of the private duty nurse is the increase in the number of training schools, students, and registered nurses.

A third factor that has helped to bring about the present situation for private duty nurses is the obsolete method which they use to make their services available. There has been a general speeding up in the production of nurses but there has been no concerted effort on the part of the private duty group as a body to make their services available except in the same way as they did twenty-five years ago.

In practising her profession, the private duty nurse has been a free lance. She has worked or not, in the home or hospital, as she wished. She has taken this and refused that. She has gone on her vacation when she wished, even though there may have been few or perhaps no nurses at all left on call. Such methods of work have caused the feeling to grow up among physicians and others that registered nurses are very "choosy" about their cases; that they prefer hospital to home cases, and that there is no surplus of private duty nurses. Because of these facts, I think we are correct in saying that the increasing tendency on the part of private duty nurses to prefer to work in the hospital rather than in the home has not been for strengthening the position of private duty nursing in the community.

Consequently the untrained woman calling herself a practical nurse has reaped something to her advantage which she did not sow and to which in many cases she is not entitled.

A fourth, and a very important, factor that has contributed to the unemployment of the private duty nurse is the inability of the public to pay for the services of a registered nurse. Because of the lack of work there are hundreds of registered nurses who are either without the means of earning a livelihood or who at least merely eke out an existence.

(Through the courtesy of *The American Journal of Nursing* and of the author, Miss Margaret K. Stack, R.N., we are privileged to publish a slightly abridged version of this article which will be found in full in the January issue of *The American Journal of Nursing*, p. 33)

Anyone May Call Herself a Nurse

The fifth factor under discussion is embodied in the following quotation from the 1932 issue of the *Pacific Coast Journal of Nursing.*

> The reason that the practical nurse has encroached so far into the field of the registered nurse is only partly an economic one; it is largely an educational reason. It is deplorable but true that many graduate nurses have little of value to offer to offset the home labor of the practical nurse, and that little is not worth the difference in the cost of service. The doctor in consequence says, "You can get along with a practical nurse"; and the depression deepens for the graduate nurse.

We do not have untrained doctors, untrained lawyers, untrained dentists. If you are sick the doctor who treats you must be a graduate of a medical school and have a state licence; the druggist who compounds your medicine must be a graduate of a pharmacy college and be licenced by the state. If you call in a "cosmetician" she must have a state licence; if your teeth need filling only a dentist can do it, and he must have a state licence; if you are a man and wish a barber to shave you, he must have a state licence; if you call in a chiropodist, he must have a state licence; if you call an optometrist to adjust your glasses, he must have a state licence; if you wish a registered nurse to give you nursing care, she must have a state licence; if you consult a lawyer to make your will, he must have passed the state bar examination, and be sworn in by a judge of the Superior Court. If, however, the care given by the holders of these state licences has been of no avail, and your time has come to join the great beyond, fear not, the state is not relaxing its care in your last moments—for the undertaker who is to bury you must have a state licence. From birth to death on your journey through life (be your birth assisted by a doctor or by a midwife) to the undertaker who buries you, you are guarded by state licences on all sides with one glaring exception—the practical nurse.

If you wish, you may employ any person who calls herself a nurse. Such a person is required to have no training, she is required to take no examination, she is free to nurse all types of cases, and she is not required to have a licence.

I believe the time is here, right now, when the nursing profession should leave no stone unturned in an effort to get the word "nurse" protected by legislation by defining who may practice as a nurse.

Three Groups of Private Nurses

Today in public health nursing as in schools of nursing, special training for the staffs has been stressed and to a large degree required. There has not been, however, any great emphasis placed on the need for special preparation for private duty nursing; therefore all nurses who cannot qualify or secure positions in other branches of nursing drift into the private duty field, where they drag down the standards of the good private duty nurses.

In the private duty field there has been no way for the nurse to keep up to date except by her own initiative. Public health nursing organizations have conferences to give their staffs the latest in the public health nursing field, and training school executives have similar plans for keeping their staffs abreast of the times. It is not done in the private duty field. Neither are any standards set for admission to the private duty field except as the individual nurses set their own standards.

It is my belief that very soon we shall have not only definite standards for entrance to the private duty field, but that we shall have three types of registered nurse service. If such a plan were in operation today, more registered nurses would be working, and more sick people would be having skilled nursing care.

The first group would consist of registered nurses who have had postgraduate preparation for special types of nursing such as psychiatric, obstetrical, and pediatric, and who by virtue of their special preparation and skill should command a higher salary than those without such special training.

The second group would consist of registered nurses who would do the bulk of private duty nursing, whether in the home or in the hospital, and who have chosen private duty nursing because they like it and not because it is a step to something else. They would be able to make their adjustments well in all kinds of homes, and they would have a desire to keep up to date. Their work might be termed "general practice" in contrast to the special work of those in the first group.

The third group would consist of registered nurses who, either because of a partial physical disability, or because of declining years, no longer feel equal to giving physically what is required on acute cases, and who are willing to work for a smaller salary than those in group two.

This plan may sound radical now, particularly as regards the sliding scale of salaries; but we must remember that a sliding scale of salaries is in effect in hospitals and in public health nursing organizations. All nurses are not equally competent and all are not worth the same salary. The private duty field is the only one in nursing today in which the nurse gets the maximum salary the first day she works, and consequently cannot look forward to an increase as do nurses in other lines. Many are of the opinion that all new registered nurses should start at a lower salary than the experienced registered nurse, and that salary increases should be allowed by the community bureau of nursing as each nurse shows increasing ability both to satisfy the demands of nursing care and to get along with people.

Many doctors, nurses, and others with whom I have talked believe that the heyday of private duty nursing as carried on during the past ten prosperous years is over for all time. This is the first time that an economic crisis has affected private duty nurses. In previous crises there were fewer registered nurses, fewer public health nurses, fewer free clinics and conferences, fewer sanatoria and hospital beds. Consequently sick people in their homes employed private duty nurses. The person who employed a private duty nurse often received no more salary than he paid to the nurse, but his salary then did not have to stretch to include the automobile, the radio, and the various other things that it does today .

Who Takes the First Step?

Because of these facts which I have stated, and which you all know are true, it seems imperative that some coordinated plan be perfected in order that private duty nurses may work enough to have at least a modest salary, and that the public may have skilled nursing care, in large or small quantities, at a reasonable price.

The initiative for such a plan must come from the private duty nurses themselves. To put the plan in operation, the help of the medical profession, the training school and hospital executives, the public, and the nursing profession as a whole will be needed, and each of these groups should be represented in some way on the board of directors. The board should determine the policies of the organization, the types of nursing service which will be supplied, and the cost of each type of service, be it on an hourly, an eight-hour, or possibly in some instances, on a monthly basis.

The director, a registered nurse who knows how to deal with people, will carry out the plan. She will endeavor to fit the nurse to the case, to consult with the nurses regarding professional problems, to plan lectures and demonstrations to keep the nurses up to date, and to have supervision of all nurses under the plan; in other words, the director of this plan will give the same help to the private duty nurse in her work that the principals of schools of nursing, and the directors of public health nursing organizations give to their staffs. Call this plan by whatever name you choose, and then tell the public that registered nurse service in large or small amounts is available through its office. The concensus of opinion seems to be that "Community Bureau of Nursing Service" is a suitable name. Whatever the name, some unified effort and unified action by private duty nurses is needed and is needed now.

Hospital Registries

As many of our schools of nursing operate what is called a nurses' registry, and as many of these schools do not charge the nurses for placing their names on the list, some private duty nurses say, when the question of a community bureau of nursing is mentioned, that they should not be expected to pay for the privilege of practicing their profession. To this we reply that the privilege of practising nursing, and a bureau of nursing through which the private duty nurses make their services available, are totally different things. Each nurse pays for the privilege of practicing her profession by completing her training, securing her R.N. and complying with her yearly registration, if such is in force in her state. The function of the training school office is not to place registered nurses on cases outside the hospital. The names of registered nurses are listed at training school offices for the convenience of the superintendent of nurses in calling special nurses for the hospital, as in very few of the large centers of New England is there a centralized place from which to secure registered nurses. By the continued use of such training school registries, private duty nurses are making no progress in opening up new avenues for their services, or in telling the public where registered nurse care, in large or small amounts, can be secured.

United We Stand

In the immediate past we have had as many ideas as to what should be done in the private duty field, as there were private duty nurses. What is needed now is a unification of ideas, a common objective, and willingness to make and accept some changes.

The words, "United we stand, divided we fall", were never more true than they are today, and especially are they true of private duty nurses. For many years I have been in close contact with them, and my faith in them and in their ideals is not diminished. I believe they will meet the challenge which is being hurled at them today by the public and I believe it can be met only by a pooling of the interests of private duty nurses through a community bureau of nursing which will be the business office of the private duty nurse. I do not care by what name this business office is called. My hope is that the private duty nurses will accept the challenge and make a start to meet it. The rest of the nursing profession stands ready to help, but the initiative must come from the private duty nurses.

The gap that separates the private duty nurse from the sick person who needs her care is both deep and wide, but it can be bridged.

The foundation for a bridge to span this gap must be built of the joint desires and efforts of the best private duty nurses who will be working for their own objective and that of the public. The objective of the private duty nurse is to have her services used in sufficient amounts to make at least a modest salary. The objective of the public is to get skilled nursing, care at any time, in large or small amounts, at a reasonable price.

Seven Objectives

In bridging the gap there are three objectives which must be accomplished by the nursing profession: (1) the number of nurses who are graduating yearly must be reduced; (2) legislation to define who may practice as a "nurse" must be secured; and (3) training school offices must be induced to give up the operation of registries in order that private duty nurses may join in a cooperative enterprise to make their services available in whatever amounts the public wishes.

The accomplishment of these three objectives will help to prevent a recurrence of the present day overcrowded conditions in the private duty nursing field, eliminate unfair competition by untrained persons, and help in centralizing the distribution of and the call for private duty nursing service.

The private duty nurses themselves must be willing to (1) give up the free-lance methods of work and come together in a joint enterprise to distribute their services through a community bureau of nursing, on whose board of directors they will be well represented; (2) put into effect at once a sliding scale of salaries, if private duty nurses are to retain their place in the affection of the public and be employed by it; (3) make registered nursing service available in whatever amounts the patient wishes to use it; and (4) set up, as soon as practical, standards for entrance into the private duty nursing field.

These seven objectives cannot be achieved at once, and they may not be perfect, but let us remember that perfection is not a goal to be reached, but an ideal toward which we strive.

OFF NEWFOUNDLAND

Two small islands out into the Atlantic, off the coast of Newfoundland, shelter the community of Twillingate with a thousand families whose fathers go fishing and whose mothers "make the fish." When the run is poor, father, mother and baby live on fish, white bread and tea and consider themselves lucky to get it. When the run is good there may be some milk for the baby, or a few vegetables for the family, in addition to the potatoes, grown in a patch, sheltered from the gales, and tended by the mother.

They have a hospital, but they have been brought up to think it is only for sick babies, and it was not till the doctor and nurse put their heads together that a new idea was brought home to them. The nurse wrote to a cousin in Nova Scotia, asking where she could get coloured posters to put in shop windows, and pamphlets that mothers could take home with them, helping them to remember what had been told them about fresh air, and about brown bread being better than white and the great help that milk from a cow or goat would be in keeping them all well, and why green vegetables should be added to their potato gardens. The cousin wrote to the Canadian Council on Child and Family Welfare, and a big bundle was sent right off to Twillingate with posters to make the clinic rooms attractive, cards on which the doctor and nurse could write the mother's answers to their questions and the babies' weights, and little booklets to help the mothers and fathers remember what the doctor had told them.

What the doctor and nurse did in this far-off community can be done in yours. Ask your Provincial Health Department about it. The Canadian Council on Child and Family Welfare is always ready to send sample sets of lierature free on request only. Write to them at the Council House, in Ottawa.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

COMMON SENSE AND PUBLIC HEALTH

ELIZABETH L. SMELLIE, C.B.E.,
Chief Superintendent, The Victorian Order of Nurses for Canada.

Sir John Simon has said of preventive medicine: "It is the province where medicine joins hands with common sense." When you come to think about it, is it not singular how much the exercise of common sense is needed and yet how rare is the outstanding exhibition of it? Public health nurses are professed disciples of the public health movement and I do not know any occupation which demands more of the individual. She is expected personally, educationally and professionally to be beyond reproach, to have the capacity gracefully to fit in wherever she may be placed and still to have in reserve sufficient force to enable her to vitalize and to attain her objective. As a young and ambitious public health nurse she blithely accepts a position, professionally well-qualified and keen to put into practice the knowledge so recently acquired, but sublimely ignorant, as yet, as to how to deal with people, of the many responsibilities involved in such a position and of her need of supervision, which unfortunately may be irregular or inadequate.

Is it any wonder that there is occasionally disillusionment, either on the part of the public or of the nurse herself? When there is misunderstanding, the blame most naturally is attached to her. She is a newcomer and does not know "local conditions" which are said to be "just a little different."

We know, because it was impressed upon us throughout our training, that the physician never makes a mistake—and he seldom does. If the presumption is as well-founded in the field of diagnosis and treatment as it appears to be, should not consistency demand its equal application to the field of prevention? Therefore, speaking of common sense leads to some heart-searching with regard to where we, as public health nurses, sometimes fail to measure up in this as in other relationships. Actually we seem more or less prone to wobble regarding professional ethics once we enter the public health field. Surely it is quite as important, outside as well as inside the hospital, to have the right attitude towards the medical profession, and to have them aware of and interested in what we are doing in their home town, as it is to work in harmony with and under the direction of the local or district health officer.

Many doctors are not too keen about the modern nurse. As in every other walk of life, she is said to be "not quite what she used to be", ('twas ever thus), and health officers and physicians have still, in many cases, to be convinced before adopting the public health nurse as a local institution. Therefore it behooves her to face the situation with understanding and to be ready to make advances as opportunity offers. The medical officer of health has every right to be kept posted, and if this is not feasible through personal interview, he should be informed in writing as to what is going on, we trust with his approval and blessing; otherwise less can be accomplished nor can one proceed far without medical leadership and co-operation.

Again, it does not seem to me that we have really been honest with ourselves, and our superintendents and supervisors

---

(Reprinted by courtesy of the News Exchange of the Department of Public Health Nursing of the Province of Ontario.)

may not have helped us earlier to deal with personality problems. If a public health nurse has a difficult disposition, does not possess good judgment nor like people, and is not ready to expect the best and to be tolerant without being gullible, it is too bad for her to have been a nurse at all. Her appointment may prove a tragedy for the community, department or organization employing her, because, even unwittingly, she may jeopardize the advancement of a public health programme for years to come. Nor can she ever be fully effective, regardless of her good intentions, if she antagonizes people.

Then haven't we sometimes been guilty of leading the public to believe that a nurse with postgraduate public health training is in a class by herself and a super-woman. It is so unfair. Not for one minute would I depreciate public health training or its value. Given the right type of woman, with educational and certain human qualifications combined with excellent professional preparation, and, provided she is not content to rest on her laurels, we have what every department, organization and hospital is seeking—the right person. But a poor nurse, with a difficult personality or a one-track mind, can go on taking courses to the end of time without certain essentials ever penetrating and, alas, many times without being fully cognizant of the relative values of preventive and curative work, or even of her own limitations. Whose fault is it? Not altogether hers; she has never been vocationally guided.

On every staff are capable, intelligent nurses, effective in their teaching, beloved by their families and loyal members of the staff, who may not, either for family reasons or because of economic difficutties, have been able to measure up to standards or to pursue postgraduate training. Nevertheless many of them, being eager to seize any opportunity that comes their way, are ready to take advantage of refresher courses, to read and observe, and eagerly to welcome supervisors' visits. Whether it be as a result of limited educational advantages, or because temperamentally they recognize the fact that advancement or leadership is not their special niche in the general scheme, they are still content to give the best they can, and have made a valuable contribution to the cause of public health.

Why are nurses apparently so often opposed to change, new routines or procedures? There seems to be what has been described as an inner resistance. This reference met my eye in a book I read recently: "We can teach an old dog new tricks provided the old dog takes an interest in this accomplishment but usually he will not."

When a member of a staff receives promotion why is the question of her qualifications for preferment so often raised? Why not give her the benefit of your support? Meanwhile wait and see, she may never have had sufficient scope to develop and the powers that be may recognize evidences of potential leadership that you do not appreciate.

Why do simple tasks tend to become dull routine and why, oh why, are records apparently placed in this category when the results can prove so fascinating and instructive, provided sufficient time is allowed and the ultimate purpose understood? Is there danger of home visits tending to become monotonous and purposeless, with, as Dr. Kinloch put it, "indulgence in too much platitudinous precept?" Would a more definite objective lead to time being used to better advantage? "Any simpleton can save up his dollars but the wisest of men can not save up opportunities—they must be used as they come."

To what extent are public health nurses directly responsible for the fact that the presumed moulders of public opinion, and the public generally, are not fully alive to the necessity of public health work and of the potential value of the public health worker as an educational and economic asset to the individual community?

Having shared my thoughts with you, I put these general questions to you in the hope that you may reflect upon them, and in the light of common sense, may find some answers to them.

THISTLETOWN

It has been said of nurses that we do not know how to play. The forthcoming biennial meeting of the Canadian Nurses Association which takes place in Toronto from June 26 to June 30 will give us all a chance to dispose of that criticism. There are to be dinners and teas and drives about the city. There is to be a garden party, and a pageant. And we are to go out to high tea at Thistletown and play with the children. Thistletown is the convalescent department of the Hospital for Sick Children, and the superintendent of nurses, Miss P. B. Austin, has promised the *Journal* that before long an article will be available concerning the care of convalescent children, a branch of nursing practice which requires special skills and aptitudes.

If you would like to know more about the other social events just look at *Notes from the National Office*. The full list is there, and if you want to organize a group luncheon or breakfast, or even a midnight spread for a few choice spirits, all you have to do is get into touch with Miss Rhano Beamish at the Toronto Western Hospital. She is the convener of the entertainment committee and will tell you just how to go about it. Of course we have "problems" and "situations" galore but they may resolve themselves better if we don't take life too seriously. Come out and play!

Convalescent Department of the Toronto Hospital for Sick Children at Thistletown.

PROVINCIAL ANNUAL MEETINGS

Quebec

The fourteenth annual meeting of the A.R.N.P.Q. was held in Montreal on Jan. 30 and 31, with a record-breaking attendance, it being estimated that 1,200 members from all corners of the province attended one or more of the five sessions. One familiar figure was missed in the person of the president, Miss Caroline V. Barrett, who has been ill, and resolutions of regret at her absence and expressing best wishes for her speedy recovery were adopted at the general and special sessions. The first day included the usual business session held in the afternoon at which all reports were presented in both languages. Miss M. L. Moag, English vice-president, occupied the chair at the first general session, the Rev. Soeur Allard, French vice-president, assisting her.

In Miss Moag's excellent address a timely warning was issued that greater co-operation in solving the problem of the high cost of sickness is essential. Miss Moag also pointed out the difficulties which the profession and the public are facing due to greatly reduced budgets in the home, the hospital and all health organizations. She reported the formation of three special committees during the past year, whose specific functions will cover the study of the nursing survey report; the proposed national curriculum for Canadian Schools, and the Florence Nightingale Memorial. Miss Nash, in her report as treasurer, indicated that four scholarships had been awarded this year instead of two, and that the two French and two English-speaking nurses to whom these had been awarded are enjoying the public health nursing courses at local universities. The revenue during the year amounted to $9,593.50.

The report presented by Miss E. Frances Upton, executive secretary and registrar, recorded the following statistics: Number of certificates issued: 435. By examination, 216; by university affiliation, 179; without examination, 9; by reciprocity, 31. The total number of active members in good standing, 3,048, an increase of 275 over 1932. English-speaking members number 1,575, and French-speaking members 1,473.

The report of the official school visitor, Miss E. Frances Upton, recorded the following statistics: hospitals operating schools for nurses, 44; schools visited, 40; schools on approved list, 37. The student nurses in the 37 approved schools number 1,765, of whom it is estimated that approximately 600 will graduate during the coming year. The estimated number of students in schools not yet approved is 150. The total number of registered nurses on the staff of these 37 approved schools is 708. The number of staff registered nurses in these schools who have taken postgraduate courses, and hold university certificates indicating special qualifications is 94. The number of full-time instructors in the approved schools is 39. The number of part-time nurse instructors is 17. Miss Upton outlined what she deemed should be the educational objectives for the coming year. Miss C. M. Ferguson, in seconding the adoption of the reports, made kindly reference to their value and the amount of work these entail, Mademoiselle Rita Guimont, responding in a similar way, representing the voice of the French-speaking members.

The evening session was entirely in French and the attendance was estimated at seven hundred. Two excellent papers were delivered, one by Dr. S. Boucher, Director of the Health Department of the City of Montreal, entitled "L'Oeuvre de l'Infirmière," and the other by Dr. Antonio Barbeau, Assistant Superintendent of Hôpital de Bordeaux, entitled "Ce que le visage peut dire," which was illustrated with lantern slides. The speakers were thanked by Mademoiselle Alice Lepine, convener of the French private duty section. On the second day, a meeting was held at Hôtel-Dieu for the French education group, with papers on hospital social service. This meeting was well-attended, especially by sisters. The afternoon sessions took the form of a reunion of all sections, Miss Martha Batson, convener of the nursing education section (English group), being in the chair. Excellent papers were given by Miss C. de N. Fraser, representing the private duty group, entitled, "Some Novel Suggestions in Handling an Economic Situation," by Mademoiselle Alice Lepine (French group), "How to Make a Success of Private Duty Nursing." The public health group was ably represented by Miss Clara Gass, Director, Social Service Dept., Western Division, M.G.H., and Mademoiselle Juliette Trudel, Director, Social Service Dept., Hôpital Ste. Justine, whose papers entitled "The Place of Medical Social Service in the Hospital and Community" were well received. The nursing education group were represented by Miss Ruth Parr, B.A., Director of Dietetics, M.G.H., whose paper entitled "Recent Developments in Diabetic Diets" reflected her ability both as a dietitian and teacher, and the Rev. Soeur Allard, Hospitalière-en-chef de l'Hôtel-Dieu, who gave an excellent paper entitled "Apropos de Diététique." The speakers were thanked in both languages by Miss Rose Mary Tansey and Mademoiselle Maria Roy. Tea was served at the close of this session. The closing session was in English only, at which approximately seven hundred were present. The speakers were the respective editors of *The American Journal of Nursing* and *The Canadian Nurse*. Miss Mary Roberts took for her subject "Some Recent Developments in Nursing particularly as these affect the private duty nurse," and Miss Ethel Johns spoke regarding her recent observations in the Dominion.

As is customary, five members were elected to the board of management to serve a period of two years. The following persons now constitute this board: President, Miss C. V. Barrett; vice-president (English), Miss M. L. Moag; vice-president (French), Rev. Soeur Allard; recording secretary, Miss Esther Beith; hon. treasurer, Miss Marion Nash. Other members: Rev. Soeur St. Jean de l'Eucharistie, Misses Mabel K. Holt, Marion Lindeburgh, Mesdemoiselles Edna Lynch and Alexina Marchessault. If the attitude of the members who attended the annual meeting this year can be considered as indicative of increased interest in and understanding of the present day nursing problems, it is felt that Quebec may well anticipate accomplishments in the near future.

Manitoba

The twentieth annual meeting of the Manitoba Association of Registered Nurses, was held on Jan. 30, in the Legislative Buildings, Winnipeg. Reports were presented by the executive secretary, Mrs. S. Gordon Kerr, and the conveners of the various sections and committees. Four addresses were given: "The T.B. Clinic," by Miss E. Wilson; "The Oxygen Tank," by Sister St. Albert; "Treatment of Frost Bites," by Miss A. McIntyre; "Treatment of Burns," by Miss E. Banks. This year the Association celebrates its twenty-first birthday and in a letter received from the president of the Canadian Nurses Association, Miss F. H. M. Emory, we were congratulated and urged to greater effort. Miss K. W. Ellis moved a hearty vote of thanks to the retiring president, Miss Jean Houston, who has been, during the past two years, our wise and capable leader. Miss M. Reid, our new president, expressed the hope of being able to lead us as successfully as her predecessor. On Jan. 31, the annual dinner meeting of the Association took place, at which Mrs. J. F. Morrison presided. Those at the head table included Mrs. J. S. Woodsworth, the guest speaker; Miss Jean Houston, Ninette, past president; Miss Mildred Reid, Winnipeg General Hospital, the newly elected president; the Misses K. McCallum, Alice Laporte, and Margaret McDonald, conveners of the different sections of the association. The Alumnae Associations were represented by Miss

McCallum for St. Boniface Hospital; Miss Emily Parker for the Winnipeg General Hospital; Miss A. Michalski for St. Joseph's Hospital, and Miss F. Kennedy for the Misericordia Hospital. Mrs. Woodsworth spoke with a challenging note on "Women in a New World," leaving with us the thought: "think and learn." At each meeting there was a large attendance.

Book Reviews

MENTAL HYGIENE IN THE COMMUNITY, by Clara Bassett, Consultant in Psychiatric Social Work, Division on Community Clinics, The National Committee for Mental Hygiene, Inc. 386 pages with bibliographies and an index. Published by the Macmillan Company of Canada, 70 Bond Street, Toronto. Price: $4.20.

This book gives a comprehensive picture of the relation of mental hygiene to some of the urgent problems of community life. It defines mental hygiene; tells why it is of great importance and value in any consideration of how to achieve a healthier and happier community life; how individuals and committees may study their local situation to determine the adequacy of psychiatric services, and the extent to which the mental hygiene approach is being utilized in the study and treatment of social problems. This volume is written from a community standpoint and is intended to be of interest to physicians and social workers as well as the nurses; one section, however, is devoted to a discussion of the specific relation of mental hygiene to nursing, particularly in its public health aspects. Reference is also made to the desirability of including instruction in the principles of mental hygiene in the basic nursing course, and to the need for a more scientific approach to the personality problems of student nurses. Some very practical suggestions are given for the further development of mental hygiene in public health agencies and schools of nursing. The chief value of this book, from a nursing standpoint, lies in the admirable panoramic view which it gives of the place and function of mental hygiene in a modern community.

THE NURSES DICTIONARY, originally compiled by Honnor Morten, 364 pages. Illustrated. Published by Faber and Faber Ltd., 24 Russell Square, London, W.C.1. Price, three shillings. A handy little pocket volume which should be most useful to private duty nurses.

Correspondence

The Significance of Reg. N.

Noting the invitation in the January issue of *The Canadian Nurse* for letters bearing on the subject of nurses affixing Reg. N. to their names, I wish to mention a couple of instances which I believe are worthy of attention. A woman with about three or four months' training was nursing from place to place and doing very good work, but she was charging the fee of a trained nurse, and it would have hardly been discovered had she not had to confess to a doctor, in an emergency, that she was unable to do what was required. Why should there be any objection raised to the title being used when it is a protection to the community? In fact why not encourage its use? It should hardly be taken as a means of advertising as our friend in the *Renfrew Mercury* suggests. Another case of interest is this: there was immediate need of a physician on a tourist island last summer and, not being very well acquainted with the people around, they went for a doctor at the head of the lake who turned out to be a Ph.D. The good man, a great friend of ours, was deeply distressed, but what could he do? A nurse spending her holidays on the lake was at once located, some one having seen "Reg. N." on some of her letters. She was able to do all that was necessary until a doctor could be got from some distance. And after all from a nurse's standpoint why should she not use her "Reg. N."? She worked hard for it. I affixed it to a friend's letter who was ill in the Sanatorium. Tears of joy filled her eyes when she saw it, as it made her realize that though she is laid aside for awhile, she is still a member of her chosen profession.

R. Dorothy J. Hatherley, Reg. N.,
Gordon Bay, Ont.

The Cap as a Symbol

I have been much interested in the comments published in *The Canadian Nurse* regarding that strange headgear to which Dr Atlee refers in his article published last October. When I read the suggestion "away with the useless relic" (meaning the nurse's cap), I felt like assuming a Zasu Pitt's attitude and, with injured air and elevated eyebrows, exclaiming "Well, what do you know about that?" Then I began to reflect on the past. The first cap I wore was "built" of crinoline, with a narrow piece of ruching around the bottom of it. I held it in place with two small pins, then conceived the idea of using a long hatpin, which I stuck under the ruching and through the "psyche" which was the head dress of the time. Fortunately I trained under a progressive superintendent (from Charlottetown, P.E.I., God bless her), who saw that the cap was unbecoming, and so adopted the Sister Dora cap.

After all, when a young woman enters a training school, her one ambition is to be "accepted", and this acceptance is recognized by the donning of a cap. This marks the first epoch in her career. The cap may be an old-fashioned "built" kind, or a stiff white handkerchief folded into the shape of a cap, or may resemble a "bird's wing" or stand out like a "blob" on the back of her head. But it is not a "doo-dad" nor was it designed to keep her hair in place, nor to keep hair out of the patient's soup. The nurse's cap is the finishing touch to her uniform, and the greatest punishment that can be given her is to deprive her of it.

Yes, Florence Nightingale is dead, and this is another age, but nurses have not forgotten that it was she who founded the first training school for nurses at St. Thomas's Hospital with a class of probationers, who were to receive "lodging, board, washing, and uniforms, and ten pounds per year for spending money." To quote from *A Lost Commander*: "the girls wear brown dresses and their snowy caps and aprons look like bits of light as they move." And their caps were of white muslin, because Miss Nightingale loved dotted muslin and herself wore caps made of it. A nurse's cap is as much of a tribute to Florence Nightingale as the "Lady with the Lamp" in a stained glass window, or the statue which stands on a pedestal in London. At least that is the way I feel about it after twenty-nine years of nursing.

Mabel McMullen,
St. Stephen, N.B.

It Does Come In Handy

I am doing private duty nursing in a large district which does not have a hospital. As I am the only nurse here, *The Canadian Nurse* certainly makes a good nursing contact.

Anna R. Krisby,
Tofield, Alberta.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The General Meeting

As previously announced, the committee responsible for the sessional content for the general meeting has plans well advanced for an exceedingly attractive programme. The committee on arrangements has reported upon plans for entertainment which are in keeping with the occasion — the Silver Jubilee of the C.N.A. The executive committee will meet on Monday afternoon and evening and, during recess between these sessions, District No. 5 of the Registered Nurses Association of Ontario will be hostesses at a dinner in honour of the executive. The opening day of national meetings is strenuous because of heavy business sessions. Tea time on June 26 will bring relaxation, when the C.N.A. is to be entertained by the Registered Nurses Association of Ontario in the Royal York Hotel. It is customary to hold a banquet midway during the convention. This function takes place on Wednesday evening, when Dean Ira MacKay, of the Faculty of Arts, McGill University, will be the guest speaker. A delightful drive to the Convalescent Hospital of the Hospital for Sick Children, at Thistletown, with high tea, as guests of the Board of Trustees of the Hospital, is the social attraction for Thursday. There will be no meeting on that evening. The nurses of Toronto are to be hostesses on Friday afternoon at a garden party, and that evening in the Royal York Hotel, there will be shown a pageant depicting the historical development of nursing in Canada—a fitting finale to the entertainment marking the seventeenth general meeting.

Informal Gatherings

Miss Rhano Beamish, Toronto Western Hospital, Toronto, is the convener of the committee to which requests should be made by those wishing to make plans for re-unions at breakfasts, luncheons, and so forth.

Unity Is Strength

Numerical strength is an important factor in any organization and becomes notably significant in a professional group whose geographical boundaries are as extensive as those of the Dominion of Canada. As soon as Acts for the Registration of Nurses became effective in those provinces where, by registration, a nurse became a member of the provincial association or by annual renewal of provincial membership re-registration was obtained, it became evident that membership in a provincial body should become the one means of entry to affiliation with the national association. At the fifteenth general meeting of the C.N.A. the by-law governing membership was amended to meet the progressive development in all provinces whereby registration of nurses is recognized as the necessary qualification for provincial membership. Following reorganization, and in view of the approaching completion of twenty-five years since the founding of the C.N.A., a campaign was launched in September, 1931, the objective of which is ten thousand members in the C.N.A. by June, 1934. The returns for 1933, received at the National Office during January, show that the campaign throughout the Dominion has been vigorous. It is gratifying to be able to forecast that the objective set may be exceeded by June. Comparison of returns for 1933 with those in 1930, when reorganization was undertaken, show that there is over fifty per cent increase in national membership. Each province contributes to these excellent results which should be sufficiently convincing to prove the advisability of the "levelling-up" process in national and provincial membership qualifications.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: A meeting of the Calgary Association of Graduate Nurses was held on January 16, Miss K. Lynn, first vice-president in the chair. The quarterly reports were read and the financial report given by the treasurer, Miss M. Watt, was very gratifying. The Association is now out of debt with a small surplus in the bank. Miss Audrey Dick was appointed to fill the vacancy on the executive committee. The following resolution was passed: "That all women, other than registered nurses, who take care of the sick for hire, be in some way licensed and supervised, with a view to educating the public to a realization of the difference between the registered nurse and others." This motion was sent to the A.A.R.N. for consideration during their deliberations on the employment situation among nurses. A discussion was held on the possibility of an eight-hour day at $3.00, in addition to the twelve-hour day at $4.00, and it was decided that the eight-hour day at $3.00 might make nursing service available to cases who did not need or desire the longer service.

EDMONTON: Miss May Dean-Freeman (R.A.H. 1931), following a course in Public Health at Toronto University, has been appointed to take charge of the V.O.N. work in Edmonton.

MARRIED: On Jan. 27, 1934, Miss Vera Lewis (R.A.H. 1930), to Mr. Manson Barr, Vermilion, Alta.

BRITISH COLUMBIA

VANCOUVER: The annual meeting of the Alumnae Association of the School of Nursing of the Vancouver General Hospital was held on Jan. 9, in the auditorium of the hospital, the president, Miss Mary McPhee in the chair. The following officers were elected for the year 1934: President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary; Sick Visiting, Miss O. Shore; Programme, Miss A. Croll; Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Representative V.G.N.A., Miss Rhodes. The retiring president was given a hearty vote of thanks for her services during the past year. After the business was completed refreshments were served.

MANITOBA

BRANDON: The monthly meeting of the Brandon Graduate Nurses Association was held on Jan. 9, at the home of Mrs. S. J. Peirce, thirty eight being present. Miss Anderson, first vice-president, in the absence of the president, on behalf of the association congratulated Mrs. Darrach on receiving the honor of being named a member of the Order of the British Empire. The meeting was in charge of the "doctors' wives group" and took the form of a social evening.

Miss Eva McNally and Miss Blanche Brigham are on two months' leave from the Brandon General Hospital staff. The former is in Winnipeg and the latter is taking a postgraduate course at the Vancouver General Hospital.

ST. BONIFACE: The Alumnae Association of the School of Nursing of the St. Boniface Hospital held its annual meeting on Jan. 10 with Miss Clara Miller presiding. Reports from the various offices showed a successful year's work and the attendance was good. The following officers were elected for 1934: President: Miss K. McCallum; first vice-president: Miss Helen Stevens; second vice-president: Miss S. Madill; secretary: Miss J. Archibald; treasurer: Miss E. Shirley; press representative; Miss Betty Altman; Committee conveners: *Social*, Miss Ellen Banks; *Sick Visiting*, Miss T. Greville; representative to Local Council of Women: Miss Betty Altman. The entertainment was in charge of the second year student nurses, and a dainty lunch was served. Mrs. Wm. Tufts, Outlook, Saskatchewan (Marion McMurchy, St. B. H. 1929), with Baby Anne Louise were visitors in the city for a few days.

NEW BRUNSWICK

SAINT JOHN: The local chapter of the N.B. Registered Nurses Association held its monthly meeting on Jan. 15, with Miss A. A. Bevens, the president in the chair. Miss M. McJunkin was welcomed as treasurer. The brief business session was followed with a report concerning the resolution committee of the I.C.N., and an interesting illustrated talk on a recent trip to Europe was given by Miss M. E. Retallick.

The private duty section of the Saint John Chapter of the N.B.A.R.N. held its meeting on Jan. 22, with Miss Reickers presiding in the absence of Miss Wilson, the convener. Miss K. Lawson was elected secretary and Miss H. Evans treasurer. Ways of raising funds and plans for the next meeting were discussed. Miss Hansard gave an interesting talk on Dr. Truby King's work in New Zealand and in London and with the Canadian Mothercraft Society of Toronto.

The S.J.G.H. Alumnae Association met on Feb. 5, with Mrs. Dunlop in the chair. A report from the sick nurses benefit fund committee was given by Miss E. J. Mitchell. Quilting was done on the quilt to be given to the V.O.N.

The nursing staff of the S.J.G.H. holds a meeting and round-table monthly. Matters of interest are discussed and much benefit obtained.

The Alumnae Association of Saint Joseph's Hospital held a successful bridge on Jan. 24, with Mrs. J. L. Mullaly as convener. A substantial sum was raised to be used for making improvements in the Nurses' Home.

Miss Ruth Manning (S.J.G.H. 1931), who recently took the Nursing Instructors' course at McGill University, left recently for Saint Stephen to fill the position of instructress at the Chipman Memorial Hospital.

Miss Kathleen Snelling has been added to the staff of the S.J.G.H. temporarily and is assisting Miss Stevenson.

MARRIED: Recently, in New York, Miss Laura Allen (S.J.G.H.) to Mr. Harry Burns. Mr. and Mrs. Burns are residing at 540 Manhattan Ave., New York.

MARRIED: On Jan. 20, 1934, at Fredericton Junction, N.B., Miss Mary Clarke (S.J.G.H. 1926), to Mr. John L. Mersereau. Mr. and Mrs. Mersereau will sail in April for their home in Manizales, Colombia, South America.

The St. Joseph's Hospital Alumnae Association met at the hospital with a large attendance. Mrs. Mullaly, the president, was in the chair. General business was discussed.

Miss Elizabeth Reed is in Halifax supplying with the V.O.N. for a few months.

MONCTON: The annual meeting of the Local Chapter of the N.B.A.R.N. was held recently at the Moncton Hospital, when the members of the association and the student nurses enjoyed an illustrated lecture on tuberculosis given by Miss McCort. Miss MacMaster later entertained at a most enjoyable social hour. Miss Myrtle Kay has recovered from her recent illness and is convalescing at her home. Miss Leonore Flemingtow is recuperating after a recent illness.

WOODSTOCK: The monthly meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on Jan. 16 with the vice-president, Miss Gladys Hayward, presiding. A successful dance, under the auspices of the Association was held on Jan. 30 when the guests were received by Mrs. Harry Dunbar, president, and Miss Tulloch, honorary president, and superintendent of nurses. A substantial sum of money was realized.

NOVA SCOTIA

HALIFAX: The Halifax branch of the Registered Nurses Association of Nova Scotia had an interesting meeting in January at the Children's Hospital. A very interesting address was given by Mrs. Norrie Anderson (formerly Dr. Findlay, who spent some years in India) on medical work in India, particularly in Vellore. Miss Grew, instructress at the Children's Hospital, demonstrated treatments for burn cases. The members were guests of Miss Winslow, superintendent of the Children's Hospital, for refreshments and a social half-hour.

Refresher Course.—The Registered Nurses Association is indebted to Miss Winslow and the Children's Hospital for arranging the following series of lectures in paediatric nursing. These are to be given on Monday evenings, at 8.30 p.m., in the Clinic Room of the Children's Hospital Residence, and are open to all graduate nurses. In February, the following topics were discussed: "The Normal Infant": Dr. F. A. Minshull; "Tuberculosis Contacts in Childhood", "The Nervous Child": Dr. N. B. Coward; "Recent Advances in Paediatric Surgery": Dr. J. A. Noble; "Laboratory Methods in Diagnosis": Dr. D. J. MacKenzie. The programme for March is as follows:

March 5: "Nursing in Orthopaedics": Dr. T. B. Acker.

March 12: "Vaccines and Serums in common use today for the prevention of some Communicable Diseases": Dr. A. L. McLean;

March 19: "Remarks on the specialties in Eye, Ear, Nose and Throat Nursing": Dr. A. E. Doull;

March 26: "Common Metabolic Disturbances": Dr. M. J. Carney.

Fee for the course is one dollar. Nurses who are at present unemployed will be welcome to attend without fee.

ONTARIO

DISTRICT 1

LONDON: The annual meeting of district 1, R.N.A.O. was held Jan. 27 at the Ontario Hospital, London. Miss P. Campbell of Chatham was in the chair, and made a strong appeal for increased membership in the R.N.A.O. particularly this year when the C.N.A. celebrates its twenty-fifth anniversary. Miss Campbell paid graceful tribute to Miss Bertha Smith, M.B.E., and announced that Miss M. L. Jacobs and Miss M. Walker had been accepted into membership of the British College of Nurses. Mayor Wenige and Alderman Skeggs were present to convey the greetings of the city. Rev. Kenneth Taylor gave the invocation. The report of the treasurer was presented by Miss L. Curtis of Chatham. Reports were also presented by Miss M. L. Jacobs of London, chairman of the nursing education section: Miss A. Campbell of St. Thomas, private duty section; Miss M. Hoy, Windsor, public health section; Mrs. Hedley Smith, permanent education fund. Miss G. Versey reported concerning a membership of 322, which is only 22% of nurses in the district. The *Canadian Nurse* magazine was reported on by Miss Elizabeth Kennedy, the refresher course by Miss M. M. Jones and the programme by Miss M. Hardie. An appeal for membership was made for the Red Cross emergency nursing list on which there are only 181 names at present. Election of officers resulted as follows: Chairman: Miss Mildred Walker, London; vice-chairman, Miss Pearl Lumby, Sarnia; secretary-treasurer, Miss Mildred Chambers, London; convener, nurse education section, Miss Thomas, Chatham; convener, public health section, Miss Mabel Hoy, Windsor; private duty section, Miss Annie Campbell, St. Thomas; permanent education fund, Mrs. Hedley V. Smith, London; membership, Miss Grace Versey, London; *Canadian Nurse* (publications and subscriptions), Miss Elizabeth Kennedy, London.

Dr. C. C. Ross spoke on the principles of orthopedic surgery, and Miss M. L. Jacobs and Miss A. Evans gave a delightful account of the I.C.N. High tea was served most attractively, and Dr. F. S. Vrooman, medical superintendent of the Ontario Hospital, London, gave an address of welcome. Solos were sung by Miss M. Britton, nurse-in-training at the Ontario Hospital, and Mr. Jubb of the Ontario Hospital staff gave a violin solo. Miss Edna Moore, chief public health nurse for Ontario, gave the principal address at the evening session. She referred to the trend of thought toward some form of stabilized nursing service provided by the community so that nursing care would be available to people with limited means. Miss Moore felt it would be as reasonable to ask each member of a community to pay privately for his own fire protection or for teachers for his children as to keep citizens of limited means outside the adequate nursing service. As nurses we must all be ready for this new type of service. Miss Mildred Walker presided during the supper session. Mrs. Hedley V. Smith, O.B.E., announced the toast to the King.

The executive committee of district 1, R.N.A.O. met for luncheon at the Ontario Hospital prior to the annual meeting. Other guests at the luncheon were: Miss L. Curtis, Miss C. La Rose, Miss M. Hoy, Miss P. Lumby, Miss Lee, Mrs. G. Wilson, Miss Hastings, Miss A. Campbell, Miss Ritchie, Miss E. Moore and Miss H. Pennock, Miss M. Jacobs, Mrs. Hedley V. Smith and Miss Connolly.

Mrs. Hedley V. Smith, O.B.E., entertained on Jan. 27 in honour of Miss Moore, Miss Pennant, Miss P. Campbell, Miss Curtis, Miss La Rose, and Miss Hoy. Miss M. L. Jacobs was presented with flowers and a note of appreciation.

ST. THOMAS: Members of the Memorial Hospital Graduate Nurses Association at their February meeting paid signal honor to two of their most esteemed and active members, Misses Lissa Crane and Hazel Hastings. Miss Bella Mitchener, the president, presented Miss Crane and Miss Hastings with life membership certificates in the association and told of their long and faithful service in the work of the Memorial Hospital Alumnae Association as well as in the former organization, the Amasa Wood Hospital Alumnae Association. Miss Mitchener's words were supplemented by a few timely remarks from Miss Lucille Armstrong, superintendent of the Memorial Hospital, who spoke not only of the devotion to duty of Miss Crane and Miss Hastings but also of Miss Hasting's leadership and Miss Crane's wise counsel in the direction of alumnae affairs. Miss Hastings, in a few well chosen words, replied for herself and Miss Crane to whom the gift, which was accompanied by a beautiful bouquet of flowers, came as a distinct surprise. Progressive bridge was played and a dainty lunch was served by the social committee.

DISTRICTS 2 AND 3

BRANTFORD: The regular monthly meeting of the Alumnae Association of the School of Nursing of the Brantford General Hospital was held Feb. 6, when the guest speaker, Dr. A. M. Overholt, gave a splendid address entitled "Wit and Humour" which was much enjoyed. At a recent meeting of the Association the sum of $25.00 was voted towards the 1933 quota of the Permanent Education Fund for Districts 2 and 3.

ORANGEVILLE: The Alumnae Association of the school of nursing of the Lord Dufferin Hospital recently held a very instructive and interesting meeting at the home of one of the members. Reports of the special committees were received and an extremely interesting talk was given on the International Council of Nurses Congress. Remembering our school motto, "For God and Humanity," and feeling a desire to help those less fortunate than we, money was raised to buy clothing for a needy family in Saskatchewan.

WOODSTOCK: Miss Elma Rosenberger, who

for the past twelve years has been engaged in health and child welfare work in Korea, was an interesting speaker at a recent meeting of the Alumnae Association. Miss Rosenberger is at present at home on furlough. She referred to the International Congress of Nurses held recently in Paris at which she had the honour of being the delegate from Korea. She also told of her experiences in the work in which she is engaged in Korea. The president, Miss Mabel Costello, introduced the speaker and following her address, Miss Helen Potts, superintendent of the hospital, and Miss Ella Eby expressed the appreciation of the nurses to Miss Rosenberger for her splendid talk. A social hour brought the meeting to a close under the convenership of Miss Eleanor Hastings.

DISTRICT 4

HAMILTON: It was with much regret that the news of Miss Edith Rayside's resignation was received by the members of the Alumnae Association of the school of nursing of the Hamilton General Hospital. During her ten years as superintendent of nurses she has endeared herself not only to her staff and students but also to the members of the Alumnae Association and all other organizations connected with the hospital. Her sympathetic understanding and kindness as a leader and counsellor has won her a place of high esteem. At the regular meeting of the Alumnae Association held in January a presentation of a beautiful string of pearls was made to her by the president of the Alumnae Association, Mrs. Hess, after which a social hour was spent. Other social functions in Miss Rayside's honour were held by the nursnig staff, the medical staff, the students and the Women's Auxiliary. Miss Rayside was the recipient of several handsome gifts on these occasions.

Miss Mary Watson of the Mount Hamilton Hospital staff has left for a three months' postgraduate course in obstetrics at the Royal Victoria Hospital, Montreal. Miss Annie Thompson and Miss Winnifred MacGregor have recently joined the nursing staff of the Hamilton General Hospital.

HAMILTON: Two hundred and thirty-five nurses of Hamilton and vicinity assembled in the General Hospital, Hamilton, on Jan. 19, to hear Miss Ethel Johns give a vivid and thought-provoking picture of nursing conditions throughout Canada. In her opening remarks she referred feelingly to the honor bestowed upon Miss Edith Rayside by His Majesty. Miss Johns also visited the eastern portion of the district, addressing the nurses of St. Catharines, Niagara Falls and Welland.

HAMILTON: The regular meeting of the St. Joseph's Hospital Alumnae Association was held on Feb. 3 when a very interesting talk was given by Mr. Reid, pharmacist, on the latest drugs and their origin.

MARRIED: On Dec. 27, 1933, in Hamilton, Miss Dorothy McIntosh (St. J. H., 1930), to Mr. Ralph Farrell, of Grimsby.

MARRIED: On Jan. 30, 1934, in Walkerston, Miss Kathleen Waechter (St. J. H., 1930), to Mr. James O'Meara, of Hamilton.

DISTRICT 5

TORONTO: Miss Dorothy Mickleborough was re-elected, by acclamation, as chairman of District 5 R.N.A.O. at the annual meeting held at Toronto on January 30. Miss Kathleen Reid presented the report of Chapter One, which was organized last spring and includes the Oshawa and Whitby members of District 5. Reports of sections were presented as follows: *Nurse Education*: Miss Nettie Fidler; *Public Health*: Miss E. Manning; Standing committees: *Membership*, Miss Edna Moore; *Programme*, Miss Marion Stewart; *Publications*, Miss Ethel Greenwood. A letter was read from the Central Registry for Graduate Nurses, asking consideration of a plan whereby graduate nurses might be employed in hospitals to replace some of the student nurses. Miss Mary Millman presented a resolution from the Joint Study Committee to go forward from the district to the Board of Directors of the R.N.A.O. dealing with the matter of reduction of the number of students admitted to schools of nursing. Miss Elvira Manning, chairman of the public health section, presented a concise summary of the information received by her committee in answer to a questionnaire sent out to public health nurses in the district. It appeared from the answers received that it was increasingly difficult for nurses in training to obtain adequate experience in the care of communicable disease, or, as Miss Margaret McCrimmon, the reporter from the *Globe* expressed in next day, "there is not enough whooping cough, measles and diphtheria to go round in Toronto." Answers to the queries also note insufficient training in pediatrics for the student nurse who is to do public health work after graduation. Miss Irene Weirs, retiring secretary-treasurer, was presented with a bouquet of spring flowers by Miss Ruby Hamilton, on behalf of the members, in appreciation of her services during the past three years. Officers elected for the coming year were: president, Miss Dorothy A. Mickleborough; vice-president, Miss P. B. Austin; secretary-treasurer, Miss I. M. Park; conveners of sections, *Private Duty*, Miss Mabel St. John; *Nurse Education*, Miss Mabel Sharpe; *Public Health*, Miss Elvira Manning; Coun-

cillors: Miss Jessie Gordon, Miss Esther Strachan, Miss Edna Moore, Miss Jessie Farquharson, Miss Anne Scott and Miss Hazel Cave.

District 5 R.N.A.O. held a special meeting in Toronto, on Jan. 20, when three hundred nurses assembled to hear Miss Ethel Johns speak on "The Canadian Scene." Miss Dorothy Mickleborough presided and Miss Marjorie Buck was a guest of honour from Simcoe, bringing greetings as president of the R.N.A.O. Mrs. F. L. Trethewey, accompanied by Mrs. E. L. Capreol, sang two delightful songs. Miss Elizabeth Smellie, C.B.E., R.R.C., was a welcome guest from District 8 and joined a group who were entertained after the meeting by Miss Trethewey at her delightful home in Trethewey Park.

TORONTO: At the annual meeting of the Alumnae Association of the School of Nursing of the Hospital for Sick Children the following officers were elected: Hon. Presidents: Miss Florence Potts and Mrs. Goodson; hon. vice-president, Miss Austin; president, Mrs. Strachan; first vice-president, Mrs. Cassan; second vice-president, Mrs. Raymond; recording secretary, Miss Langman; corresponding secretary, Miss Blackwood; treasurer, Miss Mary Deck.

Miss Clara Morris (H.S.C. 1932), is taking a postgraduate course in obstetrics at the Royal Victoria Hospital, Montreal.

TORONTO: The Welfare Auxiliary of the Sick Children's Hospital, Toronto, which has about thirty-five members most of whom are graduates of the school, reports a very active year. Thirty meetings have been held with an average attendance of twelve. Fifty-five layettes have been prepared for distribution; these consisted of 260 garments and 170 knitted articles; some of the knitting being done by the older patients and the maids at the Thistletown Hospital. To raise funds for the work, a bridge was held when thirty-eight tables were played and receipts were $122.00. Many interesting prizes were presented by Miss Potts, who was an honored guest at tea.

TORONTO: The December meeting of the Alumnae Association of the school of nursing of the Women's College Hospital took the form of a social reunion which was planned and very successfully carried out by our new president, Miss Worth, assisted by Miss Fraser. The new officers for the year are: Hon. president, Mrs. Bowman; hon. vice-president, Miss Meiklejohn; president, Miss Worth, 93 Scarboro Beach Blvd.; secretary, Miss Free, 48 Northumberland St.; treasurer, Miss Fraser, 125 Rusholme Rd.

DISTRICT 7

BROCKVILLE: The organization of the Nurses Alumnae Association of the St. Vincent de Paul Hospital, Brockville, has recently been achieved. The first meeting of the Association was held on Dec. 3, and the following officers were elected for the coming year: President, Miss A. Brassor; first vice-president, Miss M. Rupert; second vice-president, Miss I. Nelson; recording secretary, Miss K. Walsh; corresponding secretary, Miss C. Consitt; treasurer, Mrs. G. Hourigan; committee, Misses M. Jordon, H. McKeown, C. Slack.

PRESCOTT: Miss Effie Gorsoline (B.G.H. 1932), is taking a postgraduate course of one year in psychiatric nursing at the Ontario Hospital, Whitby. The Misses Kathleen Weston and Marjorie Cooper (both B.G.H., 1932), are taking postgraduate courses at the Royal Victoria Maternity Hospital, Montreal.

DISTRICT 8

OTTAWA: The annual meeting of the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital was held on Jan. 19. Much satisfaction was evinced when the reports for the year were read and approved. The president, Miss Edna Osborne, thanked the officers and members of the association for their cooperation during the past year. The following were chosen as officers for the ensuing year: Hon. president, Miss Gertrude Bennett; president, Miss Osborne; first vice-president, Miss Morley; second vice-president, Miss Curry; recording secretary, Miss Lamb; corresponding secretary, Miss Downey; treasurer, Miss Gemmell, flower committee, Miss Ferguson; press correspondent, Miss Pepper; councillors, Misses Mulvagh, Farmer, Kelly, D. Johnstone, Barry.

With an attendance of nearly four hundred guests, the annual dance held on Feb. 2, by the Alumnae Association of the School of Nursing, Ottawa Civic Hospital, proved to be a successful and delightful event. The guests were received by Miss Gertrude Bennett, superintendent of nurses, Miss Elizabeth Smellie, C.B.E., R.R.C., who was guest of honor, and by Miss Edna Osborne, president of the Alumnae Association. The committee in charge of arrangements was cŏmposed of Miss Myrtle Dale, Miss Bertha Farmer and Miss Beth Graydon.

MARRIED: On Dec. 23, 1933, in Toronto, Miss Hazel Marion Chugg (Ottawa Civic Hospital, 1927), to Dr. Frederick F. Fitch of Elk Lake, Ontario.

MARRIED: On Dec. 30, 1933, at All Saints Church, Ottawa, Miss Hermione Cobb (Ottawa Civic Hospital, 1927), to Mr. Rupert Smiley, of Oxford Mills.

MARRIED: On Jan. 3, 1934, in Montreal, Miss Jessie MacGillvary (Ottawa Civic Hospital, 1930), to Mr. Robert Gilchrist.

Married: On Jan. 31, 1934, at St. Matthews Church, Ottawa, Miss Edna Lois Windeler (Ottawa Civic Hospital, 1927), to Flying Officer Morgan Keddie. They will reside in England.

District 10

Fort William: Miss Vera Lovelace presided at a meeting of the R.N.A.O. held on Jan. 4. An address on "The History of Medicine", was given by Dr. J. H. Dennison. A delightful piano duet was contributed by the Misses Mildred and Ruth Walberg.

Port Arthur: The regular meeting of the Alumnae Association of the School of Nursing of the Port Arthur General Hospital was held on Jan. 9, the president, Mrs. Wallace Smith, occupying the chair. Several activities for the near future were discussed. Tea was served by Miss Margaret McGrath and Miss Peggy Eaton.

Port Arthur: Eighty-five nurses gathered at St. Joseph's General Hospital on Jan. 18, to hear interesting addresses on mental diseases of children, given by Dr. Greaves and Miss Marquette, of Orillia, who are at the lakehead in connection with the psychiatric clinic. Miss Vera Lovelace presided, and refreshments were served by the nurses of the hospital staff.

QUEBEC

Montreal: Miss Jennie Webster has been presented with a volume designated "The Book of Remembrance", containing a resolution of appreciation of her services, quoted from the minutes of the Medical Board of the Montreal General Hospital, the signatures of contributors to the fund for the painting of her portrait, and a copy of the portrait together with other illustrations. Miss Catherine E. Kearns (M.G.H., 1929), has recently been visiting in Montreal, having resigned her position at the Evanston Hospital, and accepted a similar position as medical supervisor at the Postgraduate Hospital in New York. Miss Enid M. Davy (M.G.H., 1933), is taking a postgraduate course at the Boston Lying-in Hospital.

Married: On Sept. 9, 1933, at Chicoutimi, Que., Miss Vera B. McLeod (M.G.H., 1927), to Mr. P. B. Butler.

Married: On Feb. 3, 1934, at Montreal, Miss Constance P. L. Ruse (M.G.H., 1930), to Mr. John Stewart Meagher. They will reside in Montreal.

Married: On Feb. 3, 1934, at Knowlton, Que., Miss Jean C. Bancroft (C.M.H., 1927), to Mr. Chas. Bancroft. They will reside in New Canaan, Conn.

Montreal: At the January meeting of the Alumnae Association of the Royal Victoria Hospital it was decided that, in future, fifteen minutes at each meeting will be devoted to discussion of current nursing events. It is hoped that this innovation will be helpful to all the members. Miss Winnifred MacLean (R.V.H., 1930), has accepted the position of superintendent of nurses at the Soldiers' Memorial Hospital, Campbellton, N.B.

Married: On Dec. 21, 1933, Miss Florence Ross Van (R.V.H., 1928), to Dr. C. E. Lundon, of Montreal.

Married: On Dec. 27, 1933, Miss Mary Barnes (R.V.H., 1925), to Dr. W. A. G. Bauld, of Montreal.

Married: On Dec. 27, 1933, Miss Beatrice Foote (R.V.H., 1933), to Mr. Roy McIsaacs, of Amherst, N.S.

Married: On Jan. 27, 1934, Miss Mary Parker (R.V.H., 1930), to Mr. Harold Frederick Freeburne, of Hamilton.

Montreal: The annual meeting of the Alumnae Association of the School of Nursing of the Woman's General Hospital was held on Jan. 17 and Mrs. L. M. Crewe was re-elected as president. An interesting lecture was given by Dr. Goldman and the evening closed with a social hour. Several of our new members are on staff duty at the hospital. Miss Hilda Field (1932), is in charge of the fifth floor and Miss R. Sixsmith (1932), is in charge of the fourth floor. Miss L. Clark and Miss Cleland (1932), Miss Onyon and Miss M. Logan (1933), Miss R. Burgher (1931), are on duty in different parts of the hospital. Miss Annie Shalit (1915), has returned from California and is at present a patient in the hospital.

Sherbrooke: Miss Mildred Baldwin (Sherbrooke Hospital, 1929), has accepted a position as industrial nurse at the Paton Mills.

Sherbrooke: The annual dinner of the Eastern Townships Graduate Nurses Association was held on Jan. 11, in the MacKinnon Memorial building and was well attended. After dinner the annual meeting was held, and plans were discussed to send a delegate to the A.R.N.P.Q. annual meeting in Montreal. The following officers were elected for the year 1934: Hon. president, Miss Verna K. Beane; president, Miss E. Bean; vice-president, Miss Dwane; corresponding secretary, Miss Florence C. Wardleworth; recording secretary, Miss Harvey; treasurer, Miss Margaret Robins; representative to *The Canadian Nurse*, Miss Carolyn A. Hornby, box 324, Sherbrooke; representative, Private Duty Nursing, Miss Ella Morrissette.

SASKATCHEWAN

Saskatoon: Miss Jessie McRae is taking a postgraduate course in psychiatric nursing at the Ontario Hospital, Whitby. Miss Marion Bie (S.C.H., 1933), has received the appointment of assistant night superivsor in the Saskatchewan City Hospital. Postgraduate courses are being taken at the Saskatoon Sanatorium by Miss M. I. Findlay (S.C.H., 1932), Miss A. L. Melsness (S.C.H. 1932) and Miss Viola Fisher (S.C.H. 1933).

MARRIED: On Jan. 1, 1934, at Roseburg, Oregon, Miss Ruth Taylor (S.C.H. 1925), to Mr. Ernest C. Patterson, of Eugene, Ore.

"OUR BIT"

The War Memories of a Canadian Nursing Sister by ex-Nursing Sister Mabel Clint, A.R.R.C. The manuscript of this vivid and moving recital of a tremendous experience has been read and endorsed by Matron-in-chief Margaret Macdonald. Though not an official history, this book is an eye-witness account of events in the war zone in France, England, Belgium, Egypt and Lemnos and thus constitutes an authentic picture of actual conditions not as yet available in any other publication. Our readers are reminded that, if this manuscript is to appear in book form, sufficient orders must be received to warrant the expense of publication. The pre-publication price will not exceed $1.25. Send orders, *but no money* to Miss Mabel Clint, 2112 Claremont Ave., Montreal.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

CALGARY: The annual meeting of the Nursing Sisters Overseas Club was held at the home of the president, Miss Gee. We welcomed to our membership Mrs. Cordingly and Mrs. Tomlinson. We are looking forward to Miss Clint's book on war experiences. The officers for the year are: President, Miss Ann Gee; vice-president, Mrs. H. D. Stuart; treasurer, Miss Marion Lavell; secretary, Miss Nicol Gunn; phone-secretary, Miss Train Gray. Our next meeting will probably take the form of a garden party.

TORONTO: The annual meeting of the Toronto Unit of the Overseas Nursing Sisters Association of Canada was held on January 15, at the Christie Street Hospital, Toronto. Mrs. Jack Bell, popular and energetic president of the unit who, owing to the change in date of all annual meetings of units, had presided at two consecutive Remembrance Dinners, presented a report of her activities during the year. She represented the unit at the Memorial Service for General Currie and placed the flowers at the Cenotaph on Remembrance Day. Interesting reports of the different committees were presented, including that of the welfare committee, in which Mrs. John Turnbull told of assistance given in time of illness to a Nursing Sister, and of Christmas cheer provided for the families of two returned men. A characteristic letter from Matron-in-Chief Macdonald was read in which she expressed thanks for the flowers sent to her at Christmas time. Miss Rayside's letter, in answer to Mrs. Bell's personal letter of congratulations on her decoration, was also read and received great applause. It was announced that Miss Bertha Smith of London, who was also mentioned in the New Year's honours, was a member of the unit though not well known to all its members, as she was seldom able to attend meetings. Miss Harriet Meiklejohn spoke to the matter of support by the units to enable Nursing Sister Clint to publish her war memoirs in a book entitled "Our Bit." It was felt that in view of the very favourable criticism of the book expressed by Matron-in-Chief Macdonald, in the January number of *The Canadian Nurse*, the members of the unit should give every encouragement to the author. Captain Sidney Lambert had arranged a surprise in the form of entertainment by the Toronto Male Quartette, who delighted the members with several numbers. Officers for the year were elected as follows: President, Miss Ruby Hamilton; vice-president, Miss Laura Gamble; recording secretary, Mrs. Ralph Craig; corresponding secretary, Mrs. F. A. Spence; treasurer, Mrs. George Hanna; executive committee, Mrs. Norman Lucas, Miss Edith Rogers, Miss Winona Farr, Mrs. D. B. Gillespie, Miss Ella Drysdale, Miss S. Might, Miss Edna Moore, Mrs. H. Henson, Mrs. Cook, Miss Mary Monk.

The Hamilton unit of the Overseas Nursing Sisters Association gave a dinner on Jan. 16, in honour of their beloved honorary president, Miss Edith Rayside, C.B.E., R.R.C., M.H.Sc., B.A. Miss Eugenia Gibson was also a guest of honour. Miss Mildred Cowan, acted as hostess and Miss Williams proposed the toast to Miss Rayside to which she graciously responded. Miss Cowan proposed a toast to Miss Gibson who made a charming response. The silent toast to the departed sisters, a touching feature of such gatherings, was proposed by Miss Boyd. A handsome travelling clock was presented to Miss Rayside as a farewell gift. Seated at the head table were: Miss Cowan, Miss Rayside, Miss Gibson, Miss Boyd, Mrs. Betty Turner and the following members of the executive: Miss Bertha Williams, Miss Gertrude Walker, Miss Ruby Galloway, Miss Elsie Long, Miss Foster and Miss Chisholm. Others at the dinner were: Miss Dart, Mrs. Snider, Mrs. Hogarth, Mrs. Cowan, Miss Carscallen, Mrs. Anderson, Miss Ross, Miss Brown, Mrs. Shepherd, Miss Cameron, Miss Thresher, Miss Macdonald, Miss Ferrier, Miss Trim, Mrs. Thompson, Miss Wegar, Mrs. Yeates and Mrs. Cook.

WINDSOR: The regular meeting and election of officers for 1934 took place at the home of Mrs. G. C. Storey on Jan. 26. The following officers were elected: President, Miss Caroline La Rose, Metropolitan General Hospital, Walkerville; vice-president, Mrs. Eric Windeler (Jean Johnson), 1600 Ypres Ave., Windsor; secretary-treasurer, **Mrs. Gilbert C. Storey (Marion C. Starr), 372 Eastlawn Blvd., Riverside. The members of this unit expressed themselves as very interested in Nursing Sister Clint's book "Our Bit", and fourteen names** have been forwarded to her as prospective purchasers.

MONTREAL: The annual meeting of the Montreal unit of the Overseas Nursing Sisters Association of Canada was held on Feb. 1, Miss Nell Enright presiding. The reports of the president, secretary and treasurer, and of the Last Post Fund and sick-visiting committees were read and adopted. Miss Gass read an interesting paper entitled "A brief synopsis of the Forsyte Saga." The officers elected for the coming year are as follows: President, Miss Nell Enright; vice-president, Miss Lilian Connerty; secretary, Mrs. Winifred Ramsay; treasurer, Miss Connie Harrison; Last Post Fund, Mrs. Stuart Ramsay; sick-visiting, Miss M. Wright; committee: Mrs. Turcot, Miss St. Onge and Mrs. Beattie.

OBITUARY

DOYLE—On Dec. 18, 1933, in Hamilton, Mrs. Clarence Doyle (née Sadie Campbell, St. J. H., 1919), wife of Mr. Clarence Doyle of Caledonia.

ENGLISH—On Jan. 9, 1934, after a brief illness, Miss Ethel A. English, (Royal Alexandra Hospital, Edmonton, 1926).

LANDER—On Jan. 13, 1934, in Hamilton, Dorothy Lander (St. J. H., 1931). Miss Lander was one of the most popular and highly-esteemed of the younger members of the nursing profession and leaves a wide circle of friends who deeply mourn her untimely death. The funeral was held at St. Patrick's Church, the following classmates acting as honorary pallbearers: Misses Geraldine Schuette, Gladys Oliver, Florence Kenney, Irene Guay, Blanche McKenna, Frances Armstrong.

WATTERS—On Jan. 6, 1934, at Toronto, Mrs. Archibald Watters (née Miss Margaret I. Darrach, M.G.H. 1930).

Institute of Public Healt
Faculty of Public Health of t
University of Western Onta

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

---

CANADIAN NURSES ASSOCIATION

Officers

President......Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President......Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President......Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary......Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer......Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz.: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss J. Clow, 11138-82nd Ave., Edmonton.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Mildred Reid, Nurses Residence, Winnipeg General Hospital, Winnipeg; (2) Sister St. Albert, St. Joseph's Hospital, Winnipeg; (3) Miss E. McKelvey, 603 Medical Arts Building, Winnipeg; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor; (2) Mrs. Murray MacKay, Nova Scotia Hospital, Dartmouth; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Christine MacLeod, 97 South Kline St., Halifax.

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Christine Dowling, 1246 Bishop Street, Montreal; (4) Miss C. M. Watling, 1230 Bishop Street, Montreal.

Saskatchewan: (1) Miss Edith Amas, City Hospital, Saskatoon; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Public Health: Miss M. Moag, 1246 Bishop St., Montreal; Private Duty: Miss Isabel MacIntosh, Queenscourt Apt., 75 Queen St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

Chairman: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Vice-Chairman: Miss M. F. Gray, University of British Columbia, Vancouver; Secretary: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; Treasurer: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

Councillors—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Sister St. Albert, St. Joseph's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Mrs. Murray MacKay, Nova Scotia Hospital, Dartmouth. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. Convener of Publications, Miss M. M. Reid, Winnipeg General Hospital, Winnipeg.

PRIVATE DUTY SECTION

Chairman: Miss Isabel MacIntosh, Queenscourt Apt., 75 Queen St. S., Hamilton; Vice-Chairman: Miss Mabel McMullen, Box 338, St. Stephen; Secretary-Treasurer: Mrs. Rose Hess, 139 Wellington St., Hamilton.

Councillors: **Alberta:** Miss J. Clow, 11138-82nd Ave., Edmonton. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Cres., Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Christine MacLeod, 97 South Kline St., Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss C. M. Watling, 1230 Bishop St., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. Convener of Publications: Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

Chairman: Miss M. Moag, 1246 Bishop St., Montreal; Vice-Chairman: Miss M. Kerr, 946 20th Ave. W., Vancouver; Secretary-Treasurer: Miss Mary Mathewson, 464 Strathcona Ave., Westmount, P.Q.

Councillors—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss E. McKelvey, 603 Medical Arts Building, Winnipeg. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto. **Prince Edward Island:** Miss Ian Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Christine Dowling, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St. Toronto.

Provincial Association of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer-Registrar, Miss Kate S. Brighty, Administration Building, Edmonton; *Chairmen: Nursing Education Section*, Miss J. Connal, General Hospital, Calgary; *Public Health Section*. Miss B. A. Emerson, 604 Civic Block, Edmonton; *Private Duty Section*, Miss J. C. Clow, 11138-82nd Ave.

BRITISH COLUMBIA

Graduate Nurses Association of British Columbia

President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; *Conveners of Committees: Nursing Education*, L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health*, M. Duffield, 175 Broadway East, Vancouver; *Private Duty*, Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss M. Reid, Winnipeg General Hospital; First Vice-President, Miss S. Wright, Metropolitan Life, Winnipeg; Second Vice-President, Miss C. McLeod, Brandon General Hospital; Third Vice-President, Sister Krause, St. Boniface Hospital; Members of Board: Miss M. Lang, Miss E. Carruthers, Sister Mary, Miss K. W. Ellis, Miss K. McLearn, Miss M. Meehan, Miss E. Johnson, Sister St. Albert; *Conveners of Sections: Public Health*, Miss E. McKelvey; *Private Duty*, Miss K. McCallum; *Nursing Education*, Sister St. Albert. *Conveners of Committees:* Directory, Miss J. Kerr, 74 Cobourg Ave.; Social, Miss S. Pollexfen, 954 Palmerston Ave.; Sick Visiting, Miss L. Gray, Victorian Order of Nurses; Membership, Miss E. Ironside, Winnipeg General Hospital; Librarian, Miss W. Grice and Miss A. Starr, 753 Wolseley Ave.; Press and Publication, Miss E. Banks, 64 St. Cross St.; *Representatives:* Local Council of Women, Mrs. Willard Hill and Mrs. Emmett Dwyer; Central Council of Social Agencies, Miss F. Robertson; Victorian Order of Nurses, Miss E. A. Russell; Junior Red Cross, Miss E. Parker; Red Cross Enrolment, Mrs. J. F. Morrison; Executive Secretary and Registrar, Mrs. Stella Gordon Kerr.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch; Second Vice-President, Miss Myrtle E. Kay; Honorary Secretary, Rev. Sister Kenny; Council Members: Miss Florence Coleman, Miss H. S. Dykeman, Mrs. A. G. Woodcock, Miss Elsie M. Tulloch; *Conveners: Public Health Section*. Miss Ada A. Burns; *Private Duty Section*, Miss Mabel McMullin; *Nursing Education Section*. Sister Kerr; *Committee Conveners: The Canadian Nurse*, Miss Kathleen Lawson; Constitution and By-Laws, Miss S. E. Brophy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John, N.B.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Halifax; Second Vice-President, Miss Marion Boa, New Glasgow; Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321 Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, *Nurse Education Section*. Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman. *Private Duty Section*, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, *Public Health Section*, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept. of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St., Peterborough; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa: *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss D. M. Percy; Vice-Chairman, Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; *Conveners of Committees:* Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; *Nursing Education*. Miss M. F. Acland; *Private Duty*, Miss J. L. Church; *Public Health*, Miss M. Robertson.

District No. 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary Treasurer, Miss E. Stewardson, McKellar General Hospital, Fort William; Councillors: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; Vice-President, Miss M. King, Charlottetwon Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Nursing Education*, Miss M. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss I. Gillan, 59 Grafton St., Charlottetown; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mère M. V. Allaire, Rév. Soeur Ste. Isidora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. Other Members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections: Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Melle. Edna Lynch, 4642 rue St. Denis St., Montreal; Melle. Laura Senecal, Hôpital Notre Dame, Montreal; Melle. A. Marchessault, 3256 avenue Lacombe, Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Gertrude M. Watson, City Hospital, Saskatoon; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording and Acting Corresponding Secretary, Mrs. F. V. Kennedy, 1307 First St. W.; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St., Medicine Hat; *Committee Conveners:* New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; *Conveners of Committees:* Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintndent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins; Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke, Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*. Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Reed; First Vice-President, Miss L. Gourlay; Second Vice-President, Miss B. Fane; Recording Secretary, Miss A. Revell; Corresponding Secretary, Miss D. Duxbury, University Hospital; Treasurer, Miss M. Rowles, University Hospital; Executive, Misses M. Gordon, I. Ross, A. Baker.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners:* Programme, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss M. D. Hughes; Sick Visiting, Miss Edith Jarrett; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; Social Committee, Miss E. Banks (Convener), 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; Sick Visiting Committee, Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; Press Representative, Miss B. Altman, 420 College Ave., Winnipeg; Representatives to Local Council of Women, Miss B. Altman (Convener), Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Suite. 24, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager. Miss E. Timlick, Winnipeg General Hospital; Special Committee, Miss P. Brownell, 215 Chestnut St.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss E. L. Henderson; Second Vice-President, Mrs. F. M. McKelvey; Secretary, Mrs. J. E. Beyea, 121 Union St., Saint John, N.B.; Treasurer, Miss Kate Holt; Additional members, Mrs. J. H. Vaughan, Mrs. H. H. McLellan, Mrs. A G. Clinch.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; Board of Directors: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Reta Fitzgerald; Vice-President, Mrs. J. Andrews; Secretary, Miss L. Smith; Treasurer, Miss Marion MacFarlane; Flower Committee, Miss Betty McEwan; Representative to *The Canadian Nurse*, Miss H. Thompson.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss F. J. Batty, 52 Charlotte St., Brantford; Assistant-Secretary, Miss V. Buckwell; Treasurer, Miss L. R. Gillespie, General Hospital; Social Convener, Mrs. F. Doherty; Flower Committee, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift Committee, Miss J. Edmondson, Mrs. E. Claridge; *The Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman. Private Duty Council, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

CHATHAM

A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss B. Pardo; Vice-President, Miss K. Crackle; Second Vice-President, Miss F. Houston; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss R. Willmore; Asst. Secretary, Miss M. Stacey; Treasurer, Miss B. Haley; Press Correspondent, Miss R. Baker; *Committee Conveners:* Refreshment, Miss M. Wickett; Buying, Misses J. Finney, M. McNaughton and Mrs. R. F. Mitchell; Floral, Miss E. Orr; Social, Mrs. T. Burke; Councillors, Misses V. Dyer, L. Baird, A. Head, E. Liberty; Representative to *The Canadian Nurse*, Miss P. Griffeth.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative to *The Canadian Nurse*, Miss Ruth Winter; Representative District No. 1, R.N.A.O., Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to *The Canadian Nurse* and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; *Committees:* Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative to *The Canadian Nurse*, Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside; President, Mrs. R. Hess; Vice-President, Miss M. Bain; Recording Secretary, Miss M. Matheson; Corresponding Secretary, Miss H. Hauert, Hamilton General Hospital; Treasurer, Miss J. Jackson, 326 Main W.; Assistant Treasurer, Miss G. Hodgson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald S.; *Committee Conveners:* Executive, Miss H. Aitken; Flower, Miss A. Squires; Programme, Miss M. Gosnell; Registry, Miss N. Thompson; Budget, Mrs. M. Barlow; Representative to *The Canadian Nurse*, Miss A. Scheifele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson; Secretary, Miss Mabel MacIntosh, 168 Ray St.; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss B. McKenna, 277 Herkimer St.; Representative R.N.A.O., Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson, Third Vice-President, Miss A. Walsh; Secretary, Miss Anna Davis, 464 Frontenac St.; Treasurer. Mrs. C. W. Mallory, 203 Albert St.; *Convener:* Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; *Private Duty Section*, Miss Constance Sandwith, 235 Alfred Street.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D., 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. S. Reid; President, Miss L. J. Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. I. Thurston; Corresponding Secretary, Mrs. J. S. Morrison, 46 Colborne St. W.; Treasurer, Mrs. G. R. Allen; Flower Convener, Miss D. M. Smith; Social Convener, Miss K. S. Mortimore.

LONDON

A.A., Ontario Hospital

Hon. President, Miss Mary L. Jacobs; President, Miss N. M. Williams, 55 Edward St.; First Vice-President, Mrs. V. M. Reilly; Second Vice-President, Miss F. R. Ball; Secretary, Mrs. E. D. Grosvenor, 52 Doulton Ave.; Treasurer, Miss E. Kennedy, Ontario Hospital; Social Committee, Misses I. Lindsay, L. Kelly; Press Representative, Miss F. Burls.

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Erla Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray; Press Representative, Miss Stella Gignac; Representatives to Registry Board, Misses Rhea Rouatt, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Miss H. Huston; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss D. Atkinson, 174 Langarth St.; Secretary, Miss F. Quigley; Corresponding Secretary, Miss M. Smith, Victoria Hospital; Board of Directors, Misses C. Gillies, A. Malloch, J. Mortimer, M. Yule, C. Skinner, Mrs. C. Rose.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G. Thorpe; First Vice-President, Miss H. Schofield; Second Vice-President. Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 634 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F. Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Assistant Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corresponding Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, Madison Apts., Simcoe St. S.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, Carleton Place; President, Miss J. Blyth, Civic Hospital; Vice-President Miss M. McNiece, Perley Home; Secretary, Mrs. R. L. Morton, 29 Clegg St.; Treasurer, Miss M. C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Miss S. McQuade, Miss L. Bedford, Mrs. E. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry, Miss R. Pridmore, 90 Third Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; First Vice-President, Miss Dorothy Moxley; Second Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp, Miss K. Clarke; Press Correspondent, Miss Evelyn Pepper; Convener Flówer Committee, Miss M. MacCallum.

A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women. Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to *The Canadian Nurse*, Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss F. Rae; First Vice-President, Miss M. Paton; Second Vice-President, Miss J. Agnew; Secretary, Miss A. Robertson, 473-12th St. W.; Treasurer, Miss A. Weedon; Pianist, Miss R. Dunoon; Flower Committee, Mrs. McMillan; Programme Committee, Miss M. Cruickshank; Sick Committee, Miss M. Sim; Press Representative, Miss H. Walden; Refreshment Committee, Miss C. Penner; Auditor, Mrs. Johnston.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss L. Simpson; Secretary, Miss S. Battersby, 406 Sheridan St.; Treasurer, Miss S. Wood, 212 Barnardo Ave.; Corresponding Secretary, Miss E. Wagar, 273 Park St.; Social Convener, Miss M. Watson.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson; Representative to *The Canadian Nurse*. Miss C. Medcroft; Flower Committee (Convener), Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss L. Attwood; Vice-President, Miss M. McMaster; Secretary-Treasurer, Mrs. K. Snider, 36 Douglas St.; Social Convener, Miss A. Rock; Flower Convener, Miss C. Staples.

ST. CATHERINES

A.A., Mack Training School

Hon. President, Miss Anne Wright, General Hospital; President, Miss Nora Nold, General Hospital; First Vice-President, Miss Margaret McClunie, 39 Chaplin Ave.; Second Vice-President, Miss Evelyn Horton, Louth St.; Secretary-Treasurer, Miss J. Hastie, General Hospital; Social Committee, Miss Aileen Johnston, General Hospital, Miss Donalda Veale, 35 Academy St., Miss Bernice Rule, 146 Welland Ave.; Representative to *The Canadian Nurse*, Miss Featherstone, 17 Hainer St.; Correspondent. Miss Current; Programme Committee, Miss Brubaker, 1 Fitzgerald St.

ST. THOMAS

A.A., Memorial Hospital

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan-Memorial Hospital; President, Miss Margaret Benja, field, 39 Wellington St.; First Vice-President, Miss Irene Garrow; Second Vice-President, Miss Bella Mitchner; Recording Secretary, Mrs. John Smale, 34 Erie St.; Corresponding Secretary, Miss Florence York, 52 Kains St.; Treasurer, Miss Irene Blewett, 88 Kains St.; Representative to *The Canadian Nurse*, Miss Irene Garrow, 23 Myrtle St.; Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mrs. Allen Burrell, Mrs. Elvin Wisson.

TORONTO

A.A., Grace Hospital

Hon. President, Mrs. C. J. Currie; President, Mrs. W. J. Cryderman; Recording Secretary, Miss Doris I. Kent; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Ida Weekes, 130 Dunn Ave.; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson; Treasurer, Miss Phyllis Lawrence; Social Convener, Miss Kathleen Cuffe.

A.A., Hospital for Sick Children

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss Florence J. Potts, Miss Kathleen Panton; President, Mrs. A. L. Langford; First Vice-President, Miss Florence Booth; Second Vice-President, Mrs. W. F. Raymond; Recording Secretary, Mrs. Clarence Cassan; Corresponding Secretary, Miss L. Loraine Morrison, 54 Sheldrake Blvd.; Treasurer, Miss Marie Grafton, 534 Palmerston Blvd.; Social Convener, Mrs. Cecil Tom; Flower Convener, Miss Alice Boxall; Programme Committee. Miss Jean Masten; Publicity Committee, Miss Margaret Collins; Welfare Committee, Mrs. Dall Smith; Representative to Registry, Miss Florence Currie.

A.A., Riverdale Hospital

President, Miss Alma Armstrong, Riverdale Hospital; First Vice-President, Miss Gertrude Gastrell, Riverdale Hospital; Second Vice-President, Mrs. F. Lane, 221 Riverdale Ave.; Secretary, Miss Lexie Staples, 491 Broadview Ave.; Treasurer, Mrs. H. Dunbar; Board of Directors, Miss K. Mathieson, Riverdale Hospital, Miss S. Stretton, 7 Edgewood Ave., Miss E. Baxter, Riverdale Hospital, Mrs. E. Quirk, Riverdale Hospital, Miss L. Wilson, 11 Sherwood Ave.; Press and Publications, Miss Laurel Wilson, 11 Sherwood Ave.; Toronto.

A.A., St. John's Hospital

Hon. President, Sister Beatrice, St. John's Convent; President, Miss Susan Morgan, 322 St. George St.; First Vice-President, Miss Nan Hetherington, Nurses' Residence, Toronto General Hospital; Second Vice-President, Miss Kathleen Burtchall, 28 Major St.; Recording Secretary, Miss Helen Frost, 450 Maybank Ave.; Corresponding Secretary, Miss Margaret Creighton, 152 Boon Ave.; Treasurer, Miss Winnifred Webb, 77 Summerhill Ave.; *Conveners:* Entertainment Committee, Miss Nettie Davis, 32 Albany Ave.; Sick and Visiting Committee, Miss Gladys Batten, 32 Albany Ave.; Press Representative, Miss Grace Doherty, 26 Norwood Road.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss M. Kelly; First Vice-President, Miss O. Kidd; Second Vice-President, Miss M. Daly; Recording Secretary, Miss M. Goodfriend; Corresponding Secretary, Miss V. Hanley; Treasurer, Miss F. Robinson; Councillors, Misses A. Timlin, L. Dunbar, I. Power, R. McCue.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jean; President, Miss Ethel Crocker; First Vice-President, Mrs. Aitkin; Second Vice-President, Miss Mary Edwards; Third Vice-President, Miss Helen Dunnigan; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 42 Isabella St., Apt. 204, Toronto; Press Representative, Miss May Greene; Councillors, Misses J. O'Connor, M. Madden, H. Kerr; *Private Duty:* Miss A. Gaudet; *Public Health.* Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., Toronto General Hospital

Hon. Vice-President, Miss Jean Gunn; President. Miss N. Fidler, Ontario Hospital, Whitby; First Vice-President, Miss J. Anderson; Second Vice-President, Miss E. Manning; Secretary, Mrs. A. W. Farmer, 89 Breadalbane St.; Treasurer, Miss E. Robson, T.G.H. Residence; Assistant Treasurer, Miss Forgie; Archivist, Miss Kniseley; Councillors, Miss J. Wilson, Miss Dix, Miss Cryderman; *Committee Conveners:* Flower, Miss M. McKay; Programme, Miss E. Stuart; Press, Miss M. Stewart, Ki. 5155; Insurance, Miss M. Dix; Nominations, Miss C. Soudwith; Social. Miss J. Mitchell; Elizabeth Field Smith; Memorial Fund, Miss Hannant

A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

Hon. President, Miss E. McLean. Toronto East General Hospital; President, Mrs. E. Philips, 155 Donlands Ave.; Vice-President, Miss J. McMaster, 155 Donlands Ave.; Secretary-Treasurer. Miss N. V. Wilson, 50 Cowan Ave.; Representative to Central Registry, Miss M. Beston, 753 Glencairn Ave.; Miss B. MacIntosh, 748 Soudan Ave.; Representative to R.N.A.O., Miss B. MacIntosh, 748 Soudan Ave.

A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, 74 Westmount Ave.; Vice-President, Miss U. Colwell; Recording Secretary, Miss G. Patterson; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; Representative to *The Canadian Nurse*, Miss F. Greenaway.

A.A., Wellesley Hospital

Hon. President, Miss Ross; President, Miss M. McClinchey; Vice-President, Miss Jessie Gordon; Corresponding Secretary, Miss Margaret Anderson, Treasurer, Miss I. Archibald, 659 Huron St.; Correspondent to *The Canadian Nurse*, Miss I. Onslow.

A.A., Women's College Hospital

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Worth, 93 Scarboro Beach Blvd.; Secretary, Miss Free, 48 Northumberland St. Treasurer; Miss Fraser, 125 Rusholme Road.

A.A., Hospital Instructors and Administrators, University of Toronto

Hon. President, Miss E. K. Russell; Hon. Vice-President, Miss G. Hiscocks; President, Miss Gladwyn Jones; First Vice-President, Miss M. McCamus; Second Vice-President, Miss E. Young; Secretary, Miss C. M. Cardwell, Toronto General Hospital; Treasurer, Miss M. McKay, Toronto General Hospital.

A.A., Department of Public Health Nursing, University of Toronto

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. C. Cale; Recording Secretary, Miss I. Park; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave.; Toronto, Ont.; *Conveners:* Social. Miss E. MacLauren; Programme, Miss McNamara; Membership, Miss Edna Clarke.

A.A., Connaught Training School for Nurses Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital. Weston; Vice-President, Miss Ann Bolwell, Toronto Hospital. Weston; Secretary, Miss G. Leeming, Toronto Hospital, Weston; Treasurer, Miss R. McKay, Toronto Hospital, Weston; Convener of Social Committee, Miss M. Jones, Toronto Hospital, Weston.

WINDSOR

A.A., Hotel Dieu, Windsor

President, Miss Mary Perrin; First Vice-President, Miss Marie Odette; Second Vice-President, Miss Zoe Londeau; Secretary, Miss M. Spence; Treasurer, Miss Mary Fener; Programme Committee, Misses H. Mahoney, A. Harvey, H. Slattery; Sick Committee, Misses R. Farrell, H. Greenway, M. McGlory; Social Committee, Misses J. Londeau, N. Webster, I. Reaume; Correspondent to *The Canadian Nurse*. Miss Mary Finnegan. Meeting second Monday every month, 8 p.m.

WOODSTOCK

A.A., General Hospital

First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts; President, Miss Mabel Costello; Vice-President, Miss Anna Cook; Recording Secretary, Miss Lila Jackson; Corresponding Secretary and Press Representative, Miss Doris Craig; 510 George St.; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss Maude Slaght; *Conveners of Committees:* Programme, Miss Ella Eby; Flower, Miss E. Watson; Social, Mrs. McDiarmid, Mrs. P Johnson, Miss Hastings.

QUEBEC

LACHINE

A.A., Lachine General Hospital

Hon. President, Miss M. L. Brown; President, Mrs. Rose Wilson; Vice-President, Miss M. McNutt; Secretary-Treasurer, Miss A. Roy, 379 St. Catherine St., Lachine; Executive Committee, Miss Lapierre, Miss Byrns. Meeting, first Monday of each month.

MONTREAL

A.A., Children's Memorial Hospital

Hon. President, Miss A. Kinder; President, Miss R. Paterson; Vice-President, Miss H. Nutall; Secretary, Miss J. Cochrane, 1615 Cedar Ave.; Treasurer, Miss L. Destromp; Executive Committee, Miss E. Hillyard, Miss M. Flander; Social Committee, convener, Miss M. Gill, Miss A. Adlington, Miss M. McCallum and Miss M. Robinson; Representative to *The Canadian Nurse*, Miss V. Schneider; Sick Nurses Committee, Miss H. Easterbrook.

A.A., Homeopathic Hospital

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss M. Bright; Second Vice-President, Miss A. Porteous; Secretary, Miss W. Murphy; Assistant Secretary, Miss M. Berry; Treasurer, Miss D. W. Miller; Assistant Treasurer, Miss N. G. Horner; *Private Duty Section:* Miss M. Bright; Representative to *The Canadian Nurse*, Miss J. Whitmore; Programme Committee, Miss M. Currie Representative Montreal Graduate Nurses Association, Miss A. Porteous.

L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame

Executif: Mesdemoiselles Alice Lepine, Présidente; Alice Gelinas, Vice-Présidente; Aline Leduc, 2ième Vice-Présidente; Suzanne Giroux, Trésorière; Marguerite Pauze, Secrétaire; Conseillères: Mesdemoiselles Germaine Brisset, Irene Rouillard, Eugenie Tremblay, Francoise Chevrier, Juliette Beaulieu.

A.A., Montreal General Hospital

Hon. Presidents, Miss J. Webster, Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; Hon. Member, Miss J. Craig; President, Miss E. Frances Upton, Ste. 221, 1396 St. Catherine St. W.; First Vice-President, Miss M. Mathewson; Second Vice-President, Mrs. L. H. Fisher; Recording Secretary, Miss D. Snow; Corresponding Secretary, Mrs. E. C. Menzies, 6635 Lasalle Blvd., Verdun; Treasurer (Alumnae Association and Mutual Benefit Committee), Miss I. Davies, Montreal General Hospital; Executive Committee, Miss M. K. Holt, Miss H. Newton, Miss L. Sutton, Miss O. Lilly, Miss B. Herman; Representatives to *Private Duty Section*, Miss E. Gruer (Convener), Miss C. Cole, Miss E. Marshall; Representative to *The Canadian Nurse*, Miss I. Welling (Convener), Montreal General Hospital; Representatives to Local Council of Women, Miss G. Colley, Miss M. Ross; Sick Visiting Committee, Miss F. E. Strumm, Miss B. Herman; Programme Committee, Miss I. Davies, Miss M. Batson; Refreshment Committee, Miss B. Underhill (Convener), Miss C. Coombes, Miss C. Fitzgerald, Miss D. McRae.

A.A., Royal Victoria Hospital

Hon. President, Miss E. A. Draper; President, Miss M. F. Hersey; First Vice-President, Miss J. Stevenson; Second Vice-President, Mrs. Grieve; Recording Secretary, Miss E. B. Rogers; Secretary-Treasurer, Miss K. Jamer, Royal Victoria Hospital; Executive Committee, Mrs. E. Roberts, Mrs. G. C. Melhado, Mrs. Prideaux, Misses E. Etter, E. Reid, A. Bulman; *Conveners of Committees:* Finance, Miss B. Campbell; Sick Visiting, Miss R. Fellows; Programme, Mrs. K. Hutchison; Refreshments, Miss M. Rowley; *Private Duty Section*, Miss R. Cochrane; Representatives to Local Council of Women, Miss J. Stevenson, Mrs. E. Cooper; Representative to *The Canadian Nurse*, Miss E. Allder.

A.A., Women's General Hospital, Westmount

Hon. Presidents, Miss F. George, Miss E. Trench; President, Mrs. L. M. Crewe; First Vice-President, Miss E. Moore; Second Vice-President, Miss K. Martin; Recording Secretary, Miss R. Sixsmith; Corresponding Secretary, Miss N. Brown, Apt. 5, 1187 Hope Ave.; Treasurer, Miss E. L. Frances, 1210 Sussex Ave.; Sick Visiting, Miss G. Wilson, Miss L. Jensen; *Private Duty*, Mrs. T. Robertson, Miss R. Burgher; Representative to *The Canadian Nurse*, Miss C. Morrow; Social Committee, Mrs. Drake, Miss Clark. Regular monthly meeting every third Wednesday, 8 p.m.

A.A., School for Graduate Nurses, McGill University

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss Grace M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford, Miss M. L. Moag; President, Miss Madeline Taylor, Victorian Order of Nurses, 1246 Bishop St.; Vice-President, Miss Marion E. Nash, Victorian Order of Nurses, 1246 Bishop St.; Secretary-Treasurer, Miss M. E. Orr, The Shriners' Hospital. Cedar Ave., Montreal; Chairman, Flora Madeline Shaw, Memorial Fund, Miss E. Frances Upton, 1396 St. Catherine St. W.; Programme Convener, Miss F. McQuade, Women's General Hospital. Montreal; Representatives to Local Council of Women, Miss Liggett, Miss Parry; Representatives to *The Canadian Nurse*, Administration, Miss B. Herman, Western Division, Montreal General Hospital; Teaching, Miss E. B. Rogers, Royal Victoria Hospital; Public Health. Miss E. Church, Victorian Order of Nurses, 1246 Bishop St.

QUEBEC CITY

A.A., Jeffrey Hale's Hospital

Hon. President, Mrs. Barrow; President, Miss D. Jackson; First Vice-President, Miss E. Fitzpatrick; Second Vice-President, Mrs. C. Young; Recording Secretary, Miss E. McCallum; Corresponding Secretary, Miss M. Fischer; Treasurer, Miss E. McHarg; Representative to *The Canadian Nurse*, Miss N. Martin; *Private Duty Section:* Miss G. Martin; Sick Visiting Committee, Mrs. Barrow and Mrs. Buttimore; Refreshment Committee, Mrs. Melling, Miss Weary, Miss Hansen, Miss McClintoch; Councillors. Miss Imrie, Mrs. Craig, Mrs. Jackson, Miss Mackay, Miss B. Adams.

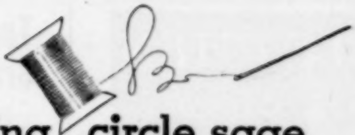
SHERBROOKE

A.A., Sherbrooke Hospital

Hon. Presidents, Miss E. Frances Upton, Miss Helen S. Buck; President, Mrs. N. S. Lothrop; First Vice-President, Mrs. W. Davey; Second Vice-President, Miss V. Beane; Secretary. Miss E. Morisette; Treasurer. Miss Alice Lyster, Sherbrooke Hospital; Representative to *The Canadian Nurse*, Miss J. Wardleworth.

. . . OFF . . . DUTY . . .

A week or two ago . . . we happened to be . . . in a hospital corridor . . . when the night nurses . . . were coming on . . . it gave us . . . a queer feeling . . . around the solar plexus . . . we have never been able . . . to look at a hospital . . . all lighted up at night . . . without thinking of a ship at sea . . . making its way . . . through the darkness . . . over a trackless sea . . . with its human freight . . . even so wise a man as Solomon . . . admitted that there were three things . . . that were beyond his understanding . . . in case you don't remember . . . these are they: . . . the way of a serpent on a rock . . . the way of a ship on the sea . . . and the way of a man with a maid . . . about the first and last . . . we modestly agree with Solomon . . . but anyone who has been . . . a night supervisor . . . or even a night nurse . . . knows a little . . . about how a sea captain feels . . . when he accepts responsibility . . . for the life of others . . . on night duty . . . as on board ship . . . disaster comes quickly . . . and with little warning . . . also this is the time . . . when the weaker members . . . of the crew . . . are inclined to blow up . . . in fact night duty . . . is the acid test in nursing . . . we once heard . . . a great teacher of nursing say . . . that if she had her way . . . student nurses would never . . . go on night duty . . . we humbly disagree . . . we can remember . . . nights on Ward D . . . which we would not care . . . to live through again . . . but we can also remember . . . mornings on Ward D . . . when we gave the night report . . . to the day nurses . . . and felt a grim pride . . . and a sense of accomplishment . . . we had come through the night . . . and all hands were still there . . . even the very sick patient . . . in the corner bed . . . with the screens around it . . . if you have ever . . . been a night supervisor . . . you have been made free . . . of that honorable company . . . who turn night into day . . . bakers . . . street cleaners . . . policemen . . . telephone operators . . . newspaper folk . . . fire brigades . . . train and station crews . . . electric and water power plants . . . women scrubbing in offices . . . telegraphers . . . undertakers . . . milk men . . . newsboys with the morning paper . . . all these seem to us . . . a rather useful lot . . . some day we would like to ask them . . . what they are most afraid of . . . the only time . . . we had hysterics out loud . . . on night duty . . . was when a great big mouse . . . jumped right at us . . . when we took the lid . . . off the garbage can . . . policemen of course . . . would not be afraid of mice . . . but we remember one . . . (a policeman, not a mouse) . . . who would not stay alone . . . with a gentleman . . . suffering from alcoholic delusions . . . unless allowed to keep the door open . . . "so I can see you, nurse" . . . this seems to be . . . the bottom of the page . . . so we will stop . . . though there is much more . . . we could say . . . about that two o'clock in the morning courage . . . which comes in handy . . . in the practice of nursing . . .



The sewing circle sage

can't take the Physician's place!

WHEN the doctor prescribes Evaporated Milk for infant feeding, the mother needs *his* advice to guide her choice of brand and quality. Lacking this guidance, she may make her selection of milk upon the advice of a sewing circle sage.

You know what standards of quality he desires in the Evaporated Milk prescribed. But the kind lady in the sewing circle may not know what your standards are, and she may not recommend the brand he had in mind.

The physician will find that Borden's St. Charles Evaporated Milk, produced by The Borden Company, meets his requirements as to quality, purity and freshness. Careful selection of raw milk and rigid safeguards throughout the process of manufacture guarantee the quality of Borden's St. Charles Milk.

Write for compact, simple infant feeding formulary and scientific literature. Address The Borden Company, Limited, Yardley House, Toronto, Ontario.

●

Borden's
ST. CHARLES
MILK
UNSWEETENED EVAPORATED

The Borden Company was the first to submit evaporated milk for acceptance by the Committee on Foods of the American Medical Association. Borden's was the first evaporated milk to receive the seal of acceptance of this Committee.